

Case Number:	CM13-0072317		
Date Assigned:	01/08/2014	Date of Injury:	02/04/2008
Decision Date:	05/02/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old male who reported an injury on 02/04/2008 due to continuous trauma while performing normal job duties. The patient's treatment history included medications, physical therapy, and aquatic therapy. The patient underwent an electrodiagnostic study in 11/2013 that documented there was no evidence of radiculopathy or carpal tunnel syndrome in the bilateral upper extremities. The patient's most recent clinical examination documented the patient had 6/10 to 7/10 pain of the cervical spine. Physical findings included restricted range of motion of the cervical spine secondary to pain with diminished sensation to light touch in the C6, C7, and C5 dermatomes and a positive compression test to the right. The patient's diagnoses included degeneration of the cervical intervertebral discs, cervical radiculitis, post-laminectomy syndrome of the cervical region, carpal tunnel syndrome, and arthropathy of the shoulder. The patient's treatment plan included continuation of medications and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

C7-T1 CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested C7-T1 cervical epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have physical findings of radiculopathy that are supported by an electrodiagnostic study and/or an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate the patient has physical findings of radiculopathy consistent with the C7 dermatome. Additionally, it is noted the patient has recently undergone a course of aquatic therapy that failed to resolve the patient's pain. However, the clinical documentation did not provide any imaging studies that supported the patient's physical findings. The submitted electrodiagnostic study did not provide any evidence of radiculopathy to support the patient's physical findings. Therefore, a cervical epidural steroid injection would not be supported. As such, the requested C7-T1 cervical epidural steroid injection is not medically necessary or appropriate.