

Case Number:	CM14-0002057		
Date Assigned:	01/24/2014	Date of Injury:	10/20/1997
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 California. 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 an employee of [REDACTED] and has submitted a claim for cervicalgia associated with an industrial injury date of October 20, 1997. Treatment to date has included oral and topical analgesics, cervical spine surgery, and physical therapy. Medical records from 2013 were reviewed and showed neck pains and headaches. Physical examination of the cervical spine shows decreased range of motion due to pain. There is normal motor strength and intact sensation. The patient was diagnosed with cervicalgia, cervical post laminectomy syndrome, cervical degenerative disc disease, and cervical facet arthropathy. The patient is currently taking nabumetone 750mg, Norco 10/325mg, and Kadian 100mg for the pain. Utilization review dated December 16, 2013 denied the request for cervical epidural steroid injection at C7-T1 because definite diagnosis of radiculopathy cannot be ascertained; no summary of diagnostics were done to date; and there was no documentation of failure of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck And Upper Back Complaints, Shoulder Complaints, Low Back Comp.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that an ESI is an option for treatment of radicular pain. It is recommended when radiculopathy is present and documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and failure of conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). In this case, the patient has cervicalgia; however, there were no subjective complaints or physical examination findings of radiculopathy. Moreover, there was no evidence of failure of conservative treatments. The medical necessity has not been established. Furthermore, the laterality is not specified. The request for a cervical epidural steroid injection at C7 - T1 is not medically necessary or appropriate.