

Case Number:	CM14-0003211		
Date Assigned:	01/31/2014	Date of Injury:	08/11/2011
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 neck sprain associated with an industrial injury date of August 11, 2011. The treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy and chiropractic therapy. Medical records from 2013 were reviewed and showed constant sharp, throbbing and burning neck pain graded 3/10 with medications and 8 /10 without medications, with radiation to the left upper extremity. Physical examination showed tenderness of the left paracervical musculature with limitation of motion, positive Spurling's maneuver and Shoulder Depression test, diminished sensation to pinprick and light touch along the left C4 and C7 and decreased grip strength on the left. The patient was diagnosed with cervical radiculopathy for which cervical epidural steroid injection was requested due to unresponsiveness to conservative treatment such as physical therapy, chiropractic care and oral pain medications. The utilization review dated December 31, 2013 denied the request for cervical epidural steroid injection under fluoroscopy due to lack of documentation indicating the specific level/levels to be injected and lack of objective evidence to confirm failure of conservative treatment measures in terms 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 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: Page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guideline also state that no more than two nerve root levels should be injected using transforaminal blocks; and no more than one interlaminar level should be injected at one session. In this case, the patient was diagnosed with radiculopathy; however there were no imaging and/or electrodiagnostic studies to corroborate this. In addition, the request did not specify the laterality, number, and cervical level to which the injections will be given. The guideline criteria were not met. Therefore, the request for cervical epidural steroid injection under fluoroscopy is not medically necessary.