MAXIMUS Federal Services

Case Number:	CM14-0006412		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	07/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 a 55-year-old who has submitted a claim for chronic pain syndrome, anxiety, and depression associated with an industrial injury date of March 27, 2003. Medical records from 2013 were reviewed. Patient complained of pain at the neck and left hand. This resulted to difficulty working. Patient reported difficulty sleeping, and woke up three to four times a night. He was sedated during the day. Patient likewise complained of feelings of sadness, anxiety, and mood swings. Physical examination of the cervical spine revealed tenderness and limited range of motion. Left hand grip was weak. Sensation was diminished at the ulnar side of left hand. Brachioradialis reflex bilaterally was graded 0, right biceps reflex graded 1+ and left biceps reflex was 0. Treatment to date has included cognitive behavioral therapy, hand surgeries to the left 3rd and 4th DIP joints, physical therapy, and medications such as Norco, Effexor, Klonopin, Topamax, Robaxin, and venlafaxine. Utilization review from December 27, 2013 denied the request for cervical epidural steroid injection because there was no evidence of MRI or electrodiagnostic testing to corroborate radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injection is indicated among 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. In this case, patient complained of pain at the neck and left hand corroborated by findings of weak left hand, dysesthesia, and hyporeflexia at the left upper extremity. However, there was no available imaging or electrodiagnostic study that may support the diagnosis of radiculopathy. Guideline criteria were not met. Furthermore, the request failed to specify the laterality and level intended for injection. The request for a cervical ESI is not medically necessary or appropriate.