

Case Number:	CM14-0009892		
Date Assigned:	02/21/2014	Date of Injury:	10/10/2012
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 50-year-old male who sustained an injury to his cervical spine on 10/10/12. The mechanism of injury was not documented. A progress report dated 11/22/13 reported that the injured worker continues to have chronic neck pain and arm pain. It is reported that he has now undergone therapeutic injection and reported significant improvement both in his neck pain and in upper extremity pain at 5/10 on the visual analog scale (VAS). The injured worker stated that his pain is at his neck and radiates into the left arm. It was noted that it has improved since injection two weeks ago and he described his pain as sore and tingling. Physical examination noted that the injured worker was well developed, well nourished; alert and oriented; mood and affect were normal; no apparent distress; good hygiene; no loss of coordination.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION WITH CATHETER, LEFT C7-T1 TARGETING C5-C6 UNDER FLUOROSCOPY AND ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs), 46

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

Decision rationale: The request for cervical epidural steroid injection with catheter, left C7-T1 targeting C5-6 under fluoroscopic guidance and anesthesia is not medically necessary. The California Medical Treatment Utilization Schedule (CA MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Recent physical examination did not identify any potential radicular pain generators indicative of an active radiculopathy at the C5-6 level. The California Medical Treatment Utilization Schedule (CA MTUS) states that the injured worker must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. It was unclear the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Furthermore, there was no information provided that would indicate that the injured worker suffers from extreme anxiety or has a needle phobia that would warrant the use of anesthesia. Given the clinical documentation submitted for review, medical necessity of the request for cervical epidural steroid injection with catheter, left C7-T1 targeting C5-6 under fluoroscopic guidance and anesthesia has not been established. Recommend non-certification.