MAXIMUS Federal Services

Case Number:	CM14-0015057		
Date Assigned:	03/07/2014	Date of Injury:	09/08/2012
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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 Mississippi. 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 claimant is documented as having been injured on September 8, 2012. The utilization review in question is dated January 13, 2014. The reviewer denied the request for epidural steroid injections at C7-T4 indicating a lack of findings on MRI or subjective complaints to indicate an active radiculopathy. Additionally, the reviewer noted that an injection at more than one intralaminar level or 2 transforaminal levels is not supported by the MTUS. The clinical progress note, dated January 2, 2014, indicates that the claimant is status post C6-7 anterior cervical discectomy and fusion on May 9, 2011. The claimant is documented as subsequently sustaining a work-related injury on September 8, 2012. The claimant does not endorse any subjective complaints of radiculopathy. The physical examination reveals diminished range of motion cervical spine and tenderness to palpation over the inferior cervical and superior thoracic regions. The neurologic exam reveals normal sensation and normal deep tendon reflexes throughout. The clinician indicates a previous MRI the thoracic spine demonstrated evidence of multilevel degenerative changes, but no significant cord or nerve root impingement. A subsequent MRI report dated January 10, 2014, indicates severe neuroforaminal narrowing on the left at C4-5 secondary to uncovertebral disease and hypertrophic facet disease. Moderate left foraminal narrowing is present at C7-T1 secondary to uncovertebral disease and hypertrophic facet disease. The subsequent clinical progress note dated January 17, 2014, also indicates a normal sensory exam and documents no subjective or objective findings of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION C7-T4: 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 GUIDLINES, ESI, 46

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of epidural steroid injections in the management of radicular pain. The 1st criteria that must be met is radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Based on the clinical documentation provided, there is no documentation of radiculopathy on physical examination. The request for an epidural steroid injection at C7-T4 is not medically necessary or appropriate.