

Case Number:	CM14-0112437		
Date Assigned:	08/01/2014	Date of Injury:	02/23/1999
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of February 23, 1999. A utilization review determination dated June 17, 2014 recommends noncertification for a cervical epidural steroid injection. Noncertification was recommended due to lack of documentation of radicular pain any specific dermatomal distribution and lack of objective physical examination findings. An MRI dated May 6, 2014 identifies right foraminal stenosis at C3-4 and bilateral foraminal stenosis at C6-7. A progress report dated June 4, 2014 identifies subjective complaints of neck pain. The note indicates that when the patient underwent trigger point injections he had shooting pain and numbness and tingling down the right arm. Physical examination findings identify 5/5 strength in bilateral upper extremities with normal sensation. The treatment plan recommends a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 ,Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy, with pain or numbness in a dermatomal distribution, or weakness in a myotomal distribution. Therefore, it is impossible to correlate the patient's physical examination findings with the MRI to identify an appropriate level of cervical epidural injection. Furthermore, it is unclear at what level the proposed injection would be performed. In the absence of clarity regarding those issues, the currently requested Cervical Epidural Steroid Injection is not medically necessary.