

Case Number:	CM14-0118090		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2010
Decision Date:	09/12/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Illinois. 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 68-year-old female who reported an injury on 06/01/2010. She reportedly got hurt while washing a window. An EMG performed on 06/24/2013 noted no electrodiagnostic evidence of right cervical radiculopathy or brachial plexopathy. An MRI of the cervical spine performed on 08/08/2010 notated a mild disc bulge measuring 1 mm over the C5-6 and a mild disc bulge measuring 0.5 mm over the C6-7. On 08/14/2014, the injured worker presented with neck and right shoulder pain. Upon examination, the injured worker was alert and oriented x3 and did not exhibit any acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideations. The provider recommended a cervical epidural steroid injection at the C6 level, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection C6 Level Under Fluoroscopy, Epidurography, Iv Sedation And Insertion Of Cervical Catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Epidural Steroid Injections.

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

Decision rationale: The request for a Cervical Epidural Steroid Injection C6 Level under Fluoroscopy, Epidurography, IV Sedation and Insertion of Cervical Catheter is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs where there is radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review lack evidence of physical examination findings of radiculopathy. An EMG performed on 06/21/2013 noted no electrodiagnostic evidence of right cervical radiculopathy or brachial plexopathy. More information is needed as to the results of a Spurling's test, motor strength deficits, sensory deficits, and a correlation between electrodiagnostic findings and physical exam findings of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. There is also lack of evidence of failure to respond to initially recommended conservative treatment to include medication and physical therapy. The guidelines do not recommend IV sedation when an epidural steroid injection is performed. Based on the above, the request is not medically necessary.