

Case Number:	CM14-0127681		
Date Assigned:	08/15/2014	Date of Injury:	05/30/2002
Decision Date:	09/25/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/12/2014

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 May 30, 2002. A utilization review determination dated July 24, 2014 recommends noncertification of a "cervical caudal epidural steroid injection." An MRI dated April 30, 2012 of the cervical spine does not identify any neuroforaminal stenosis or nerve root impingement. A progress note dated July 16, 2014 identifies subjective complaints of cervicothoracic pain. The note indicates that the patient has not previously had epidurals in the cervical spine. Objective examination findings revealed left C6-7 hyperesthesia with no clear-cut motor deficit. Diagnoses include acute and chronic recurrent cervicothoracic junctional myofascial strain/sprain. The treatment plan notes that updated imaging would be required to determine if there is any significant stenosis at the C7-T1 levels. The treatment recommended is a caudal 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 caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that Epidural Steroid Injection 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, the MRI does not support a diagnosis of radiculopathy. Additionally, it is unclear exactly what level is requesting to be injected. Cervical spine complaints are listed, but a caudal epidural injection would affect the lower lumbar and sacral nerve roots. In the absence of clarity regarding these issues, the currently requested cervical caudal epidural steroid injection is not medically necessary and appropriate.