

Case Number:	CM14-0157379		
Date Assigned:	09/30/2014	Date of Injury:	12/17/2012
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Louisiana. 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 patient is a 40 year old female who was injured on 12/17/2012. The mechanism of injury is unknown. Progress report dated 07/16/2014 states the patient presented with complaints of neck and right upper extremity pain along with severe migraines. She also reported the radiating pain from the lumbar to the lower extremity. On exam, there were no significant findings documented. The patient is diagnosed with cervical spine strain/sprain, herniated cervical disc with radiculitis/radiculopathy and suboccipital neuralgia with cephalgia, history of migraine. She was recommended for C4-C5 and C5-C6 with epidurogram. Prior utilization review dated 09/11/2014 states the request for cervical epidural based therapeutic pain management procedure at level C4-C5, C5-C6 with epidurogram is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural based therapeutic pain management procedure at level C4-C5, C5-C6 with epidurogram: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there is no documented evidence of cervical radiculopathy to support the necessity of this request therefore, it is not medically necessary.