

Case Number:	CM14-0159903		
Date Assigned:	10/03/2014	Date of Injury:	10/07/2009
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 patient is a 50 y/o female who developed chronic cervical problems subsequent to an injury dated 10/7/09. She is s/p C5-C7 fusion, but has had increasing cervical pain that radiates into her right upper extremity. No frank neurological changes are documented but several physicians have opined that the pain is radicular in nature. A consulting surgeon has requested diagnostic epidural injections below the fusion site to help determine the pain generator. Another fusion is contemplated at C7-T1 depending upon the results of the epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C7-T1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Epidural Injections-Diagnostic

Decision rationale: MTUS Guidelines supports a trial of epidural injections if exam and diagnostic testing confirm a radiculopathy. However, MTUS Guidelines do not provide specific details regarding the appropriate use of a diagnostic epidural vs. a therapeutic epidural injection.

ODG provides additional details regarding this issue and specifically supports the use of diagnostic epidural injections when the pain generator is uncertain in a post surgical patient. This request meets Guideline criteria for a diagnostic epidural injection at C7-T1. The diagnostic epidural injection is medically necessary.