

Case Number:	CM14-0166505		
Date Assigned:	10/13/2014	Date of Injury:	08/13/2010
Decision Date:	12/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 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:

The injured worker is a 57-year-old female who sustained an original industrial injury on August 13, 2010. The mechanism of injury was not available in the submitted documentation. The industrially related diagnoses include chronic neck pain, cervical spondylosis, and cervical radiculopathy. This radiculopathy was confirmed on electrodiagnostic testing performed on October 29, 2010, which revealed left C6 and C7 radiculopathy. The patient has had conservative treatment with physical therapy, work restrictions, rest, cervical pillow, and pain medications. He disputed issue is a request for cervical epidural steroid injection. According to the utilization review determination on September 11, 2014, the requesting provider actually had wanted to do cervical facet injections any cervical epidural steroid injections simultaneously. These were noncertified, citing that there was a lack of evidence of cervical radiculopathy supporting and ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural facet 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 Epidural Steroid Injections (ESI) Section 9792.20-9792.26 Page(s): 46-47.

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. Although a cervical MRI was included in submitted documentation, there should be physical correlation with physical exam. Similarly, although the patient has had positive findings on electrodiagnostic testing, there should be a recent physical exam which documents the radiculopathy. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.