

Case Number:	CM14-0169278		
Date Assigned:	10/17/2014	Date of Injury:	02/03/2014
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 51-year-old female who sustained an industrial injury on February 3, 2014. The mechanism of injury occurred in the context of carrying milk crates at work. The diagnostic workup of this patient included a cervical MRI performed on March 21, 2014. The MRI demonstrated spondylosis, straightening of lordosis, and multiple levels of small posterior disc bulges and osteophytes. The largest of these was noted at the C4-C5 level at 1.5 mm. There is also some canal stenosis and foraminal stenosis noted. The patient has documentation of failing physical therapy. Motor strength and sensation in the bilateral upper extremities were documented as normal. The disputed request is for a cervical epidural steroid injection. This was noncertified utilization review determination. The stated rationale was that there was no documentation of physical exam findings consistent with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection of the C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Criteria for the use of Epidur.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI ((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, there are no recent physical examination findings supporting a diagnosis of radiculopathy. The note on 9/24/2014 documents a normal motor, sensory, and deep tendon reflex testing. Provocative maneuvers such as Spurling's for cervical radiculitis is not noted. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.