

Case Number:	CM14-0028299		
Date Assigned:	06/13/2014	Date of Injury:	04/10/2010
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Emergency Medicine and is licensed to practice in New York. 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 60-year-old female who was injured on April 10, 2010. The patient continued to experience pain in her neck, upper back, lower back, bilateral shoulders, fingers, bilateral knees, and bilateral lower legs. Physical examination was notable for decreased range of motion to the cervical spine, decreased range of motion to the lumbar spine, positive bilateral straight leg raise test, and tenderness to palpation over the acromioclavicular joints. Diagnoses included cervical spine musculoligamentous injury, lumbar spine, musculoligamentous injury, bilateral shoulder impingement syndrome, and bilateral knee internal derangement. Treatment included medications. Request for authorization for epidural steroid injection at Right C6-7 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT EPIDURAL STEROID INJECTION (ESI) AT C6-7, RIGHT SIDED:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. In this case there is no documentation of pain, numbness, or weakness in any cervical dermatomal distribution to support the diagnosis of radiculopathy. There is no medical indication for the epidural steroid injection. As such, the request is not medically necessary and appropriate.