

Case Number:	CM14-0046202		
Date Assigned:	07/02/2014	Date of Injury:	04/24/2003
Decision Date:	12/23/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This is a patient with a date of injury of April 24, 2003. A utilization review determination dated April 11, 2014 recommends no certification for a series of 3 cervical epidural steroid injections. A progress report dated April 1, 2014 identifies subjective complaints of pain in the neck, right arm, hand, and fingers. The patient has previously undergone a C4-5 cervical fusion. Objective examination findings reveal restricted cervical range of motion. Diagnoses include cervical radiculitis, cervicgia, headaches, and chronic pain. The treatment plan recommends a series of 3 cervical epidural steroid injections once per month for 4 months and medication. Physical therapy and massage are also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three cervical epidural steroid injections, once per month for four months:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

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 subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or Electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. Additionally, guidelines do not support a series of injections. As such, the currently requested cervical epidural steroid injection is not medically necessary.