

Case Number:	CM14-0072661		
Date Assigned:	07/16/2014	Date of Injury:	09/05/2012
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The claimant was injured on 09/05/12. Cervical epidural steroid injections are under review. The claimant injured his neck and low back. He saw [REDACTED] on 04/21/14 and complained of neck pain that referred to the bilateral shoulders and upper arms. He had tried rest, activity modification, cold, hot, and medications. He had a second cervical ESI on 03/18/14 that decreased his pain from 8/10 to 0/10 for 2 hours. He had decreased cervical spine range of motion and no neurologic deficits. He had positive facet loading, cervicgia, disc displacement, and radiculopathy. C4-5 and C5-6 epidural steroid injections were recommended. After the previous ESI, he had improvement from the pain for about 5 days and previous improvement for 2 hours. An MRI of the cervical spine on 01/30/13 showed mild disc bulges at C3-4, C4-5, and C5-6 with no foraminal narrowing. His grip strength was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for ESIs at levels C4-5 and C5-6 at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." There is no clear objective evidence of radiculopathy at two levels on physical examination and no EMG was submitted. There is no indication that he has failed all other reasonable conservative care, including PT, or that this ESI is being offered in an attempt to avoid surgery. The MRI report does not demonstrate the presence of nerve root compressions at the two levels to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request for cervical ESIs has not been clearly demonstrated.