

Case Number:	CM14-0083502		
Date Assigned:	07/21/2014	Date of Injury:	08/03/2010
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 62-year-old female who reported an injury on 08/03/2010. The mechanism of injury was not provided. On 06/03/2014, the injured worker presented with persistent left-sided neck pain with stiffness and soreness. Upon examination of the cervical spine there was minimal tenderness to palpation at the left base of the skull to the left trapezius muscle and the paravertebral muscles in this region. There was dystensia noted from the left C5, C6, and C7 dermatomal distribution and minimal tenderness to palpation at the subacromial space at the tip of the acromion. The diagnoses were cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, and cervical myofascial pain syndrome. Prior therapy included medications and physical therapy. The provider recommended a cervical epidural steroid injection for the left C4-5 under fluoroscopy. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 outpatient Cervical epidural steroid injection (ESI) left C4-5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: According to the California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progression in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review lacked evidence of the injured worker completing initially recommended conservative treatment. The physical examination noted tenderness to palpation over the cervical spine and dystensia over the C5, C6, and C7 dermatomal distribution. However, there was no tenderness to the specific facet region of C4-C5 where the cervical epidural steroid injection is indicated for. Further clarification is needed to address motor strength deficits, and results of a Spurling's test. Physical examination and diagnostic testing do not clearly corroborate radiculopathy. In summary, in the absence of clear corroboration of radiculopathy by physical exam findings and imaging study or electrodiagnostic test results, and documentation showing a plan of active therapy following injection, the request is not supported. As such, the request is not medically necessary.