

Case Number:	CM14-0095397		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2013
Decision Date:	09/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine and is licensed to practice in 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 33-year-old female who stated date of injury with October 1, 2013. She had been experiencing right shoulder pain and neck pain with radiation into the left upper extremity. Her physical exam revealed tenderness to palpation with spasm and diminished range of motion of the C-spine and evidence of diminished sensation of the left-sided C6 nerve root. Evidently, there were repeated requests for an epidural steroid injection at the C5/C6 level on the left which were denied. In the interim, it appears that the injured worker underwent a C5-C6 anterior decompression and fusion surgery. A notation from 8-13-2014 revealed that she was postoperative and that she had good motor strength in her sensory exam was normal. On that date cervical spine x-rays revealed no hardware failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) INJECTION C5-6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Neck and Upper Back Sections, Epidural Steroid Injections.

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). Criteria for the use of Epidural steroid injections, therapeutic: Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. (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). (3) Injections should be performed using fluoroscopy (live x-ray) for guidance. In this instance, the injured worker has undergone a definitive fusion surgery and postoperatively no longer has physical evidence of a radiculopathy. It appears that she never did have an epidural steroid injection and therefore there is no need for a retroactive certification of medical necessity. Therefore, Epidural Steroid Injection (ESI) Injection C5-6 is not medically necessary.