

Case Number:	CM14-0098110		
Date Assigned:	07/28/2014	Date of Injury:	08/27/2003
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Management 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 male patient with the date of injury of August 27, 2003. A Utilization Review was performed on June 10, 2014 and recommended non-certification of 1 right C5-C6 and C6-C7 catheter guided epidural steroid injection under fluoroscopy. A Progress Report dated May 28, 2014 identifies Current Complaints of neck pain and headaches. He is complaining of severe pain traveling down the right upper extremity with numbness and tingling affecting all fingers of the right hand predominantly the thumb, index, and middle fingers. Physical Examination identifies moderate to severe bilateral cervical paraspinous tenderness right greater than left with 1 to 2 + palpable muscle spasms. Positive Spurling's on the right. Also, a decreased cervical spine range of motion. Right deltoid strength 4-5/5, 4/5 right extensor carpi radialis, 4/5 right biceps and brachioradialis. Decreased sensory and hypesthesia in the right C6 greater than C5 dermatome. Diagnoses identify cervical spondylosis with radiculopathy right upper extremity and cervical degenerative disc disease status post C5-C6 and C6-7 anterior cervical discectomy and fusion in September 2004. Treatment Plan identifies request authorization for the patient to undergo right C5-C6 and C6-C7 catheter guided epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right C5-C6 and C6-C7 catheter guided epidural steroid injection under fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Regarding the request for 1 right C5-C6 and C6-C7 catheter guided epidural steroid injection under fluoroscopy, 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, the physical examination findings do support a diagnosis of radiculopathy. However, there are no imaging studies or electrodiagnostic testing corroborating this diagnosis. In the absence of such documentation, the currently requested 1 right C5-C6 and C6-C7 catheter guided epidural steroid injection under fluoroscopy is not medically necessary.