

Case Number:	CM14-0101879		
Date Assigned:	07/30/2014	Date of Injury:	11/04/1997
Decision Date:	01/29/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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 Rehab, 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:

The injured worker is a 58-year-old female with an original industrial injury on November 4, 1997. The injured worker has chronic neck pain, cervical radiculopathy, and cervical disc disease. Physical examination indicates that the Spurling's maneuver was positive in a progress note on date of service May 20, 2014. The disputed issue is a request for a cervical epidural steroid injection. The utilization review dated June 25, 2014 have noncertified this request. The stated rationale for the denial was that the decision to undergo a cervical epidural steroid injection should be made by a pain management specialist. Furthermore, the patient is currently requesting a consultation with a pain specialist, and other modalities of therapy and pain medication should be optimized prior to the performance of invasive interventional pain management techniques according to the reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Cervical Spine steroid injection, C4-5 C5-6 to be introduced through a C7-T1 catheter, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Cervical> and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 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 recent physical examination findings supporting a diagnosis of radiculopathy. Physical examination indicates that the Spurling's maneuver was positive in a progress note on date of service May 20, 2014. However, a copy of the cervical MRI to corroborate radiculopathy is not included in the submitted documentation. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.