

Case Number:	CM14-0183791		
Date Assigned:	11/10/2014	Date of Injury:	03/25/2013
Decision Date:	01/15/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

This is a patient with a date of injury of March 25, 2013. A utilization review determination dated October 6, 2014 recommends non-certification for a cervical epidural steroid injection. Non-certification is recommended due to lack of documentation of objective findings and imaging/electrodiagnostic findings supporting a diagnosis of cervical radiculopathy. A progress report dated September 12, 2014 identifies subjective complaints of cervical spine pain rated as 7-8/10. The pain also radiates into the upper extremities it is worse with movement. A CT scan has not been done but will be requested. The patient also has left shoulder pain and an MRI has been authorized but not yet completed. Physical examination findings are not listed. Diagnoses include left shoulder sprain/strain, lumbar spine sprain/strain, cervical spine sprain/strain, and status post C3-C6 ACDF. The treatment plan recommends acupuncture, left shoulder MRI, and a CT scan of the cervical spine. Additionally, an epidural injection of the cervical spine is requested. A CT scan of the cervical spine dated June 4, 2014 identifies a fusion between C3 and C6 with slight right-sided neuroforaminal encroachment at C5-6 and slight left-sided neuroforaminal encroachment at C4-5. A progress report dated August 1, 2014 identifies objective findings of normal sensation and 5/5 strength in the extremities. The treatment plan discusses that the patient has myelomalacia of the spinal cord at C3 and C4 which is permanent. The note states that this is why she has occasional numbness in her left arm and hand.

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 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural Steroid Injections (ESIs).

Decision rationale: Regarding the request for cervical epidural steroid injection, the 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 no recent physical examination findings supporting a diagnosis of radiculopathy and no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment (as acupuncture was recently recommended). In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.