

Case Number:	CM14-0193294		
Date Assigned:	12/01/2014	Date of Injury:	12/02/2002
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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:

Pursuant to the Pain Management Follow-Up Report dated September 10, 2014, the IW complains of neck pain. Documentation indicated that since last visit, approval has been received for a left C4-C5, and C5-C6 facet joint injection. Pain is rated 8/10. The pain medications take the pain down to a 6/10. The IW takes Norco for pain and complains of nausea, but continues to take it as she reports the nausea is tolerable. A physical examination revealed no gross surgical scars, no gross abnormalities, no atrophy, erythema, edema or swelling. Lordotic curvature appears to be intact. Upon palpation of the cervical paraspinals, musculature is soft and supple, positive trigger points appreciated along the left cervical paraspinals. The upper trapezius musculature reveals taut myofascial bands, but negative spasms or trigger points appreciated. She has tenderness to palpation over the left C4-C5 facets. Range of motion is full in all planes with pain being reproduced in the central axial fashion. Sensation is grossly intact. The IW has been diagnosed with central canal stenosis; cervical spondylosis; radicular symptoms into the upper extremities; carpal tunnel syndrome. Current medications include Anaprox 550mg, Prilosec 30mg, and Norco 10/325mg. The provider is requesting a cervical epidural steroid injection.

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: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section,
Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, cervical epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment. See guidelines for additional details. In this case, September 10, 2014 progress note lists the working diagnoses as central canal stenosis, cervical spondylosis, radicular symptoms in the upper extremities, and carpal tunnel syndrome. The physical examination in that September 10, 2014 progress note does not indicate any radicular symptoms or objective evidence of radiculopathy. Electrodiagnostic studies of the upper extremities were performed on June 2014. The results indicated there was no evidence of radiculopathy. Consequently, radiculopathy is not documented on physical examination and is not corroborated by electrodiagnostic testing and therefore, the cervical epidural steroid injections are not medically necessary.