

Case Number:	CM14-0199928		
Date Assigned:	12/10/2014	Date of Injury:	07/13/2012
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This is a patient with a date of injury of July 13, 2012. A utilization review determination dated October 31, 2014 recommends noncertification of an epidural injection at C4-5, C5-6, and C6-7. A progress report dated October 13, 2014 identifies subjective complaints indicating that the patient would like to proceed with epidural injections. He has the most significant discomfort in the cervical region. Physical examination findings revealed tenderness to palpation over the C5, C6, and C7 areas. Diagnoses include chronic neck pain with underlying moderate degenerative disc disease and stenosis. The treatment plan recommends an internal medicine consultation, psychiatric consultation, tens unit, pain management consultation with regard to epidural injections, and work restrictions. A progress report dated July 11, 2014 has no examination of the patient cervical spine or upper extremities. Chiropractic progress notes indicate that the patient has received a number of chiropractic treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection C4--5, C5-6, C6-7 (quantity: 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

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 no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, and no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy. Additionally, guidelines recommend a maximum of one level at a time for interlaminar injections and 2 levels at a time for Transforaminal injections. Furthermore, guidelines do not support a series of 3 injections. As such, the currently requested cervical epidural steroid injection is not medically necessary.