

Case Number:	CM14-0088549		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2007
Decision Date:	01/30/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/12/2014

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 52 year old female who suffered an industrial related injury on 5/4/07. A physician's report dated 4/16/14 noted a CT scan revealed bilateral uncovertebral joint arthropathy at C4-5. A 2-3 mm broad based protrusion at C4-5 and a large anterior spur osteophyte was noted. A 2-3mm broad based protrusion at C4-5 and C7-T1 small broad based disc protrusion was noted. At C4-5 there is a 2-3mm broad based protrusion causing mild central stenosis with mild bilateral uncovertebral joint arthropathy. The physical examination revealed focal tenderness in the upper portion of the cervical spine bilaterally and the neuro status was noted to be intact. Diagnoses included status post anterior cervical discectomy and fusion at C5-7, probable adjacent level disease at C4-5 and C7-T1, status post right shoulder arthroscopy with probable internal derangement, lumbar disc bulging L3-S1 with annular tearing, facet arthrosis at L4-5, rule out intradural lesion at L4-5, and probable sacroillitis. The physician recommended the injured worker undergo a facet injection as well as an epidural injection at C4-5 as that was determined to be the primary focus of the injured worker's pain. On 5/8/14 the utilization review (UR) physician denied the request for a cervical epidural block at C4-5. The UR physician noted there was no indication of an objective cervical radiculopathy occurring at the C4-5 level based on the physical exam findings that correlated with the cervical MRI imaging to support the need for the requested 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 block at C4-C5 x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs) Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 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 no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy and no documentation of failed conservative treatment directed towards radicular complaints. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.