

Case Number:	CM13-0014300		
Date Assigned:	10/03/2013	Date of Injury:	02/17/2002
Decision Date:	01/31/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 47-year-old female who reported a work related injury on 02/17/2002 as the result of a fall. The patient presents for treatment of the following diagnoses: chronic neck pain status post anterior fusion from C3-6 with surgery in 2002 and 2005, cervical spine hardware failure, and cervical spine stenosis with multilevel cervical radiculopathy, possibly affecting 1 level below the fusion which is possibly C7-8. The clinical note dated 07/17/2013 reports the patient was seen for an initial pain management consultation under the care of [REDACTED]. The provider documents the patient reports no utilization of any medication regimen currently. The provider documents upon physical exam of the patient, she continues with cervical spine pain complaints; however, objectively, the patient had sensation within normal limits over the bilateral upper extremities, reflexes were 2+ throughout, and motor strength was 5/5. The provider documents reviewing the MRI of the patient's cervical spine and subsequently recommended cervical epidural steroid injections, both diagnostically and therapeutically for radicular pain affecting the C7 and C8. Subsequent to this evaluation, on 07/17/2013, the patient underwent cervical epidural steroid injection at the C7-T1 under the care of [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, Diagnostic and Therapeutic, Affecting C7, C8 Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient subjectively presents with complaints of cervical spine pain status post a work related injury fall with injury sustained in 2002 and subsequent to multiple surgical interventions performed at the cervical spine. The patient was seen for an initial pain management consultation under the care of [REDACTED], who, subsequent to the patient's physical exam, recommended the patient undergo cervical epidural steroid injections. However, upon physical exam of the patient, there was no evidence of any motor, neurological, or sensory deficits to support a diagnosis of radiculopathy indicative of injection therapy. In addition, California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no official imaging such as the MRI that [REDACTED] reviewed in the clinical notes submitted. Given all of the above, the request for cervical epidural steroid injection, diagnostic and therapeutic, affecting C7, C8 bilateral upper extremities is not medically necessary nor appropriate.