

Case Number:	CM13-0033208		
Date Assigned:	12/06/2013	Date of Injury:	09/27/2012
Decision Date:	02/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of September 27, 2012. A utilization review determination dated October 2, 2013 recommends noncertification of cervical epidural steroid injection. A progress report dated September 16, 2013 identifies subjective complaints stating, "cervical neck pain to thoracic (illegible) left. Scapula - shoulder blade. Review new MRI with large C4 5, C56, C67 disc herniation." Objective findings identify, "(illegible) neck pain, MRI shows cervical C-4 5, C56, C67 disc herniations with osteophytes." Diagnoses include cervical degenerative disc disease and thoracic degenerative disc disease. Treatment plan states, "request cervical epidural steroid, fluoroscopy, and guidance." A progress report dated September 7, 2013 identifies objective findings including decreased range of motion of the thoracic spine. A progress report dated August 19, 2013 identifies objective findings including decreased thoracic range of motion, negative flank pain, and positive Finkelstein's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) under fluoroscopy/guidance to be performed at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections. .

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

Decision rationale: Regarding the request for cervical epidural steroid injection, the MTUS guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. They go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the patient must have failed conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. Within the documentation available for review, no objective findings of radiculopathy have been presented. Additionally, it is unclear exactly what conservative treatment measures have been attempted prior to the request for epidural injection. In the absence of clarity regarding those issues, the currently requested cervical epidural steroid injection is not medically necessary.