

Case Number:	CM13-0039753		
Date Assigned:	12/20/2013	Date of Injury:	04/12/2000
Decision Date:	02/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Oklahoma and Texas. 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 55-year-old male who reported an injury on 04/12/2000 resulting in a 3 level lumbar fusion and chronic cervical pain. The patient's most recent clinical examination findings included neck pain rated at an 8/10, with tenderness to palpation over the cervical paraspinal musculature, limited range of motion of the cervical spine, and swelling over the right lower paracervical and trapezius area. The patient's diagnoses included failed back surgery syndrome, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint dysfunction, cervical radiculopathy, history of bilateral thoracic outlet syndrome, and major depression. The patient's treatment plan included continuation of a home exercise program and cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with anesthesia and fluoroscopic guidance (series of 2-3 injections under fluoroscopic guidance (if indicated) at 1-2 week intervals): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injections.

Decision rationale: The request for cervical epidural steroid injections with anesthesia and fluoroscopic guidance, series of 2-3 injections, is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has cervical pain. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have documented clinical findings of radiculopathy supported by an imaging study that have been nonresponsive to physical therapy. The clinical documentation submitted for review does provide evidence that the patient has undergone a course of physical therapy that has failed to resolve the patient's neck pain. However, the clinical examination does not reveal any radicular findings. It is noted that the patient has undergone a cervical MRI; however, this was not provided for review to determine nerve root pathology. Additionally, California Medical Treatment Utilization Schedule recommends repeat injections be based on significant pain relief and functional benefit. Therefore, a series of 2 to 3 injections would not be supported as there has been no indication that the patient has already undergone cervical epidural steroid injections that have provided significant pain relief and functional benefit. Additionally, the request includes anesthesia. Official Disability Guidelines do not recommend the use of anesthesia during this procedure unless there is documentation of significant anxiety about the procedure or needles. The clinical documentation submitted for review does not address the need for anesthesia. There is no documentation of extreme anxiety about the procedure or needles from the patient. As such, the requested cervical epidural steroid injection with anesthesia and fluoroscopic guidance (series of 2 to 3 injections under fluoroscopic guidance, if indicated) at 1 to 2-week intervals is not medically necessary or appropriate.