

Case Number:	CM13-0062650		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2001
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice and is licensed to practice in 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 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:

The patient is a 68-year-old male who reported an injury on 01/01/2001. His injuries were noted to have occurred to his left shoulder and cervical spine. His most recent office note dated 11/16/2013 indicated that the patient reported numbness, aching, and paresthesias in his hands and arms. His MRI was reviewed which was noted to reveal multilevel spondylosis causing moderate spinal stenosis at the C5-6 and C6-7 levels, as well as borderline spinal stenosis at the C4-5 level. Foraminal narrowing was noted at the C3-4, C4-5, C5-6, and C6-7 levels. It was noted that his treatment plan would include an evaluation by pain management and an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with documentation of radiculopathy on physical exam in

corroboration by imaging studies and/or electrodiagnostic testing. Additionally, the patients need to be shown to have been initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. It further states that no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical information provided for review failed to provide evidence of radiculopathy on physical examination as there were no objective findings related to the cervical spine noted in the patient's most recent clinical note. Additionally, as the patient's primary care was noted to be directed toward his left shoulder condition, it is unclear what conservative treatments the patient has had in the treatment of the cervical spine. Therefore, it is unknown whether he has failed an adequate course of conservative therapy with physical therapy, exercises, and medications. Additionally, the request failed to provide details regarding the levels being requested as well as the side. In the absence of these details, and in the absence of neurological deficits to correlate with his MRI findings, the request is not supported. As such, the request is non-certified.