

Case Number:	CM14-0134166		
Date Assigned:	08/25/2014	Date of Injury:	01/29/2013
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 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 injured worker is a 58-year-old patient who sustained an injury on 1/29/13 while employed by [REDACTED]. Request under consideration include Cervical Epidural Steroid Injection (ESI) at C6-C7. Conservative care has included physical therapy 12 visits in 2013; acupuncture, 20 sessions in 2013 and 16 sessions in 2014), medications, and modified activity/rest. MRI dated 9/19/13 of the cervical spine showed no evidence of nerve root impingement; repeat study on 4/10/14 showed mild central and bilateral foraminal stenosis at C6-7. EMG/NCS dated 11/18/13 had no evidence for cervical radiculopathy. Report of 7/8/14 from the provider noted patient with moderate ongoing neck pain radiating to right shoulder and arm. Exam showed tenderness in lower cervical area; guarded neck motion; extension produced pain into right shoulder and arm; neurologically intact with normal motor strength and sensation. The request is for Cervical Epidural Steroid Injection (ESI) at C6-C7, which was non-certified on 7/29/14 citing guidelines criteria and lack of medical necessity.

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) at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroidal Injections (ESIs) Section Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) not presented here. Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing not evident here with EMG/NCS unremarkable for radiculopathy and clinical exam with intact motor and sensation. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy. In this case, the symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in functional status. The Cervical Epidural Steroid Injection (ESI) at C6-C7 is not medically necessary and appropriate.