

Case Number:	CM14-0163160		
Date Assigned:	10/08/2014	Date of Injury:	07/21/2011
Decision Date:	11/12/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This 52 year-old patient sustained an injury on 7/21/11 while employed by [REDACTED]. Request under consideration includes Anesthesia for the C6-C7 Epidural Steroid Injection under Fluoroscopy. Orthopedic Panel QME report of 3/25/14 noted the MRI of the cervical spine on 12/6/11 showing diffuse osteophyte with degenerative changes. Diagnoses included musculo-ligamentous strain/sprain; left shoulder strain; and bilateral wrist sprain. The patient was deemed to have reached MMI with future medical provision for the cervical spine to include occasional anti-inflammatory and/or analgesic medications without surgery anticipated or recommended. Report of 7/21/14 from the provider noted the patient continues to treat for chronic ongoing neck pain radiating to her left shoulder associated with numbness and weakness of the left hand. Exam showed negative Spurling's test, diffuse tenderness of cervical muscles and trapezius; however, with normal neurological findings. The request for Anesthesia for the C6-C7 Epidural Steroid Injection under Fluoroscopy was non-certified on 9/13/14 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:

Anesthesia for the C6-C7 Epidural Steroid Injection (ESI) under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181.

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); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic 2011 injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical epidural injection C6-C7 is not medically necessary and appropriate.