

Case Number:	CM14-0169159		
Date Assigned:	10/17/2014	Date of Injury:	10/23/2013
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 & 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 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 is a patient with a date of injury of October 23, 2013. A utilization review determination dated October 3, 2014 recommends noncertification of epidural steroid injections performed at 4 levels. A progress report dated September 25, 2014 identifies subjective complaints of pain in the cervical spine and both shoulders. Objective examination findings revealed tenderness to palpation from C3 to C7 with positive impingement tests in both shoulders. Diagnoses include lumbar spine disc protrusion, right shoulder impingement syndrome, and cervical spine disc protrusion. The treatment plan recommends un-MRI of the lumbar spine and epidural injection at C3-4, C4-5, C5-6, and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI @ C3-4, C4-5, C5-6, C6-7 x1: Upheld

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

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

Decision rationale: Regarding the request for cervical Epidural Steroid Injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as

pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. Additionally, guidelines do not support epidurals being performed at more than one level via an interlaminar injection or 2 levels via a transforaminal injection. The currently requested 4 level injection is therefore not supported by guidelines. As such, the currently requested cervical Epidural Steroid Injection is not medically necessary.