

Case Number:	CM14-0099575		
Date Assigned:	09/16/2014	Date of Injury:	09/16/2013
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 Georgia. 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 50-year-old male who was injured on 09/16/2013. The mechanism of injury is unknown. There were no diagnostic studies available for review. Progress report dated 06/03/2014 stated the patient reported knee pain rated as 5/10, which had improved with physical therapy. He also reported "cervical spine" pain at the left medial scapula. On exam, the right knee range of motion was 180-10 degrees. Neurologically, he was intact at the bilateral lower extremity from L3-S1, C5-T1 intact at the bilateral upper extremities. The patient was diagnosed with cervical foraminal stenosis and cervical radiculopathy. A recommendation was made that he continue Ultram, and for cervical ESI for cervical radiculopathy. Prior utilization review dated 06/17/2014 stated the request for Cervical Epidural steroid injection was not medically necessary based on the evidence submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

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

Decision rationale: CA MTUS indicates, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The Official Disability Guidelines (ODG) recommends Epidural Steroid Injections as an option for treatment of radicular pain. Radicular pain is defined as "pain in a dermatomal distribution with corroborative findings of radiculopathy." Per ODG, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Physical exam and history in the medical documentation provided contains inadequate information to provide a determination for medical necessity. Specifically, neither exam nor documented history contains exam evidence for cervical radiculopathy, nor does it contain documentation of diagnostic studies, which corroborate radiculopathy (e.g., imaging reports or electrodiagnostic reports). Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.