

Case Number:	CM13-0023266		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2013
Decision Date:	04/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 63 year old male that reported and injury on 04/23/2013, the mechanism of injury was not provided in the medical records. The clinical note dated 11/09/2013 noted that the patient complained of pain was unchanged and was a 6/10 on the pain scale. It noted that the patient's pain was 40 percent in his cervical area and 60 percent in his upper extremities and 100 percent on his left side. The pain was described as aching sensation to the posterior cervical region and suprascapular region with burning, pins, and needles and numbness to the triceps, forearm and fingers. The noted reviewed the CT scan that was done on 09/23/2013 that demonstrated left neuroforaminal narrowing at the C5-6 level. The plain film noted neuroforaminal encroachment by osteophytes considered severe on the left at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) CERVICAL EPIDURAL STEROID INJECTION INTERLAMINAR C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS recommend epidural steroidal injections for the treatment of radicular pain. The patient has complaints of pain and had a CT scan that showed left neuroforaminal narrowing at the C5-6 level. Unable to have an MRI due to a pacemaker, the patient had an EMG done on 11/27/2013 that showed normal EMG of the bilateral upper extremities. The patient complains of unchanging pain to cervical and upper extremities. It noted that the patient's pain was 40 percent in his cervical area and 60 percent in his upper extremities and 100 percent on his left side. The pain was described as aching sensation to the posterior cervical region and suprascapular region with burning, pins, and needles and numbness to the triceps, forearm and fingers per the documentation provided. The results of the CT scan were reviewed in the clinical noted but not provided for review with the medical records. With normal EMG results that do not back up the clinical findings or the CT results of the narrowing at the C5-6 level, the request for the left cervical epidural steroid injection at C6-7 is non-certified.

FOLLOW-UP VISIT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK (ACUTE & CHRONIC), OFFICE VISITS

Decision rationale: The ODG say that the need for office visits with a health care provider is individualized with regards to the patients concerns, symptoms, stability and the doctors judgement, and the medications that the patient is taking. This requires individual case review and a set number can not be set due to the varied conditions and what is best for the patient. The documentation provided shows that the patient needs to be monitored for his pain and therefore the request is certified.