MAXIMUS Federal Services

Case Number:	CM13-0024001		
Date Assigned:	12/11/2013	Date of Injury:	04/01/2013
Decision Date:	01/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disablility Evaluation 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 physician 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 48 year old right-handed male correctional officer who was injured on April 1, 2013 when he closed a large aluminum frame window then turned around and the window including the frame fell onto his head. Claimant immediately felt dizzy, nauseous, headaches and left sided neck pain with weakness/ radiation down left arm. Complains of 7/10 pains to head and left shoulder. Present complaints: On severity scale, the pain is 8 out of 10. Head complaints and symptoms he complains of sharp pains at the vertex scalp that are moderately severe and constant. An MRI of the brain was ordered and done about three days after the injury. The study showed a normal brain. On the 8/1/2013 Medical report from [redacted], Pain Management Evaluation: Referred regarding his neck pain and headaches. Complaining of constant neck pain with radiation to his upper trapezial region and mid back. Denies numbness and tingling of his upper extremity but states that occassionally he has weakness in both hands which affects his ability to lift household items, open jars, etc. He states that he had a continuous headache after tbe injury but now the headaches have become more intermittent and are not tied to his neck pain. He has undergone 12 visits of physical therapy which he feels has been helping somewhat. Current medications: Methocarbamol 500 mg., butalbital-acetarninophen, meloxicam 7.5. Exam: The patient is an awake, alert, oriented, pleasant, and cooperative male who is in no acute distress while seated in the examining room. There are no exaggerated pain behaviors. On visual inspection, there is no deformity, obliquity, or scoliosis in the cervical spine. There are no surgical scars or other skin abnormalities in the cervical region. There is tenderness to palpation of the bilateral occipital region. Range of motion of the cervical spine is mildly decreased secondary to pain. Examination of the bilateral upper extremities demonstrates no focal atrophy, tremor, fascicu

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection via Translaminar Approach QTY 1: Upheld

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

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

Decision rationale: Epidural Steriod Injections (ESI),