

Case Number:	CM13-0030475		
Date Assigned:	11/27/2013	Date of Injury:	10/11/2010
Decision Date:	08/01/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 42-year-old male who was reportedly injured on 10/11/2010. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 1/29/2014, indicated that there were ongoing complaints of neck pain, mid back pain and low back pain. The physical examination demonstrated: Cervical spine: Restricted range of motion, tenderness to palpation of the paravertebral muscles and trapezius bilaterally; thoracic spine: Positive tenderness of the paravertebral muscles bilaterally; lumbar spine: Limited range of motion with pain, positive tenderness to palpation of the paravertebral muscles bilaterally. Lumbar facet loading was positive on the right. Internal rotation of the the femur resulted in deep buttock pain. Faber test was positive. Ankle jerk was on both sides. Patellar jerk was on the right and 0/4 on the left. Tenderness over the sacroiliac spine. Neurologic: Decreased sensitivity to light touch over lateral calf on the left side as well as right C5-C6 dermatome. Deep tendon reflexes knee 2/4 on the right, on the left. Ankle on the right and left. A cervical spine magnetic resonance image preformed on 2/14/2012 was referenced in this note. Official radiologic report was unavailable for review. Previous treatment included physical therapy, transcutaneous electrical nerve stimulation unit and medications such as Norco, gabapentin, doxepin, omeprazole and Imitrex. A request had been made for cervical epidural steroid injection at level C3-C4 and was not certified in the pre-authorization process on 8/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT LEVEL C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging/electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, a referenced cervical magnetic resonance image revealed a C3-C4 left sided foraminal disc protrusion with associated neural foraminal narrowing. On physical examination, the patient did have signs and symptoms of radicular pain. However, there was no electrodiagnostic objectification nor was the magnetic resonance image presented for review. There is insufficient clinical data presented to support this request. This is not medically necessary based on the data presented.