

Case Number:	CM13-0038324		
Date Assigned:	12/18/2013	Date of Injury:	12/10/1999
Decision Date:	02/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 54-year-old female who reported an injury on 12/10/1999. The patient is diagnosed as status post cervical fusion, thoracic outlet syndrome, and status post left supraclavicular scalenectomy. The patient was seen by [REDACTED] on 09/16/2013. The patient reported increasing neck pain, tightness, throbbing, and electric shock across the throat, chest, and left shoulder. The patient also reported numbness to the lower extremity. Physical examination revealed tenderness and muscle spasm in the cervical spine, limited range of motion, and tenderness over the temporomandibular joints. Treatment recommendations included a repeat cervical/thoracic epidurally administered sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical and Thoracic epidurally administered sympathetic blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39, 40.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with other rehab efforts.

Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient has previously undergone epidurally administered cervical and thoracic blocks. Documentation of the previous procedure with at least 50% pain relief and associated reduction of medication usage for 6 to 8 weeks following the injection was not provided. Additionally, there is no indication of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. There were no imaging studies or electrodiagnostic report submitted for review. Based on the clinical information received, the request is non-certified.