

Case Number:	CM13-0039986		
Date Assigned:	12/20/2013	Date of Injury:	11/06/2008
Decision Date:	04/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 underlying date of injury in this case is 11/06/2008. The primary reported diagnosis is cervicalgia. An PR-2 report of 10/01/2013 from the treating orthopedic physician is handwritten with somewhat limited clinical information. This report notes that the patient is a 42-year-old with right shoulder pain at 4/10 and also neck pain which was 3/10 in intensity and right arm pain of 2/10 in intensity. The patient had limited cervical motion in right rotation and lateral bending; extension resulted in right arm pain. The treating physician requested an MRI of the neck as well as electrodiagnostic studies and also recommended glucosamine, Terocin, Theramine, and Norco. Previously on 08/23/2013, the patient underwent right C6 and C7 transforaminal epidural steroid injections. An initial physician reviewer recommended noncertification of an epidural injection because a series of three injections was not necessary and because an MRI was not available to confirm the alleged pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TO THREE CERVICAL EPIDURAL STEROID INJECTIONS (ESI): 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 Chronic Pain Medical Treatment Guidelines does not support the current request for an epidural injection for several reasons. First, these guidelines do not support the concept of a series of three injections. Second, the medical records in this case do not discuss the clinical and functional benefit of past epidural injections in sufficient detail to support a repeat injection. Third, the treatment guideline would require symptoms, physical exam findings, and imaging or electrodiagnostic findings which correlate at a particular level in the cervical spine; however, in this case, neither these factors nor the actual request for an epidural injection reference any specific nerve root level in the cervical spine. The request for one to three cervical ESIs is not medically necessary or appropriate.

ORTHOPEDIC FIRM MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress Section.

Decision rationale: ORTHOPEDIC FIRM MATTRESS

CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Neck Support Pillow Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Neck Support Pillow Section.

Decision rationale: CERVICAL PILLOW