

Case Number:	CM13-0045220		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2013
Decision Date:	09/17/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 records, presented for review, indicate that this 37-year-old female was reportedly injured on July 18, 2013. The mechanism of injury was noted as lifting a piece of wood. The most recent progress note, dated January 21, 2014, indicated that there were ongoing complaints of neck pain radiating to the left upper extremity. The physical examination demonstrated cervical spine tenderness. There was subjective loss of light touch throughout the entire left upper extremity. There was also tenderness at the trapezius muscle on the left side. Diagnostic imaging studies of the cervical spine revealed a 6 mm to 7 mm disc protrusion at the C5-C6 level compromising the exiting left nerve root. Previous treatment is unknown. A request had been made for a cervical spine epidural steroid injection at C7-T1 and six followup visits and was not certified in the pre-authorization process on October 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 C7-T1 UNDER FLUOROSCOPY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for an epidural steroid injection includes the presence of radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The progress note, dated January 21, 2014, has physical examination findings of decreased sensation throughout the entire left upper extremity, which does not correspond with the cervical spine MRI findings. As such this request for cervical spine epidural steroid injection at C7-T1 is not medically necessary.

SIX FOLLOW UP VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Treatment: Integrated Treatment/Disability Duration Guidelines, Pain (Chronic)- (updated 05/15/14).

Decision rationale: This request for six followup visits does not indicate the frequency of these visits or the intended purpose. Without additional clarification, this request for six followup visits is not medically necessary.