MAXIMUS Federal Services

Case Number:	CM13-0064754		
Date Assigned:	01/03/2014	Date of Injury:	04/09/2010
Decision Date:	07/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 Illinois. 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 46 year old female who reported an injury on 04/19/2010 due to unknown mechanism. The injured worker had complaints of neck and right arm pain. The injured worker had cervical epidural injections in the past. The injured worker had acupuncture treatment, H-wave treatment and chiropractic care. The injured worker had been referred for surgery but stated cannot afford at the present. Physical examination dated 08/27/2013 revealed pain to be 9/10 at its worst, 1/10 at its least, average 6/10. Palpation of the cervical facets reveals right C3-C7 pain, anterior flexion was to 50 degrees, extension was to 50 degrees. Left lateral rotation was to 70 degrees, left lateral flexion was to 40 degrees, right lateral rotation was to 50 degrees, right lateral flexion was to 25 degrees. Motor strength for the upper extremities was normal. Diagnostic studies were not submitted. Current medications were topical analgesic cream, Celebrex 200mg one daily, Lyrica 75mg one three times daily, skelaxin 400-800-twice a day for spasms. The diagnoses were cervical radiculopathy, cervical degenerative disc disease, cervical spondylosis, cervical facet arthropathy. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTIONS, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

Decision rationale: The request for cervical epidural injections, C5-6 is not medically necessary. The injured worker has had epidural steroid injections in the past. The injured worker has complaints of neck pain radiating into arms. The California Medical Treatment Utilization Schedule states epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented nby physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially should be unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The document submitted is lacking information such as diagnostic studies and physical therapy reports. There was no report of the injured worker continuing with at home exercises and or stretching. Therefore, the request is not medically necessary.