

Case Number:	CM13-0064803		
Date Assigned:	01/03/2014	Date of Injury:	12/13/1999
Decision Date:	08/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 51-year-old female who was reportedly injured on 12/13/1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 10/30/2013, indicated that there were ongoing complaints of chronic neck and upper extremity pains. The physical examination demonstrated cervical spine positive tenderness to palpation of the paravertebral muscles. Tight muscle band was noted on both sides. Upper extremity has diminished tricep reflex bilaterally. No recent diagnostic studies were available for review. Previous treatment included previous surgery, previous epidural steroid injections, physical therapy, medications and conservative treatment. A request had been made for C7-T1 cervical epidural injection and was not certified in the pre-authorization process on 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Cervical Epidural Injection: Upheld

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

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

Decision rationale: Epidural steroid Injections are recommended when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. As such, the requested procedure is deemed not medically necessary.