

Case Number:	CM14-0004633		
Date Assigned:	01/15/2014	Date of Injury:	01/20/2010
Decision Date:	06/09/2014	UR Denial Date:	11/08/2013
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 patient is a 48 year old male whose date of injury is 01/20/2010. The patient reports that he developed swelling, burning and numbness in both hands. The patient underwent C5-6 ACDF on 04/09/13 followed by a course of postoperative physical therapy. Qualified medical reevaluation dated 12/06/13 indicates that on physical examination he has normal reflexes in both upper extremities. He has normal sensation to pinprick over both lower extremities. Tinel's and Phalen's are negative in both wrists. He can be considered permanent and stationary for rating purposes as he has reached maximum medical improvement. The patient was given 2% whole person impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL INTERLAMINAR EPIDURAL STEROID INJECTION AT THE BILATERAL C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Neck And Upper Back Complaints.

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

Decision rationale: Based on the clinical information provided, the request for 1 cervical interlaminar epidural steroid injection at the bilateral C4-C7 is not recommended as medically necessary. The patient underwent cervical surgery in April 2013. There are no postoperative imaging studies/electrodiagnostic results submitted for review. CA MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The request is excessive as CA MTUS guidelines report that no more than one interlaminar level should be injected at one session.