MAXIMUS Federal Services

Case Number:	CM14-0008607		
Date Assigned:	01/29/2014	Date of Injury:	06/22/2010
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery, and is licensed to practice in Texas and Tennessee. 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 54-year-old who was injured on June 22, 2010. On December 18, 2013, the injured worker is documented as presenting for examination. The current pain level is 5/10 and radiates from the head to the neck. There is also pain rating from the neck to the shoulders. The injured worker is documented as having undergone a therapeutic cervical epidural steroid injection on December 9, 2013. The clinician indicates that "the procedure helped restore ability to function to the neck." The amount of pain relief, duration of pain relief, and level at which this injection was performed is not documented. Examination documents diminished reflexes at the triceps bilaterally, there is diminished sensation in the middle digit of both hands corresponding to the C7 dermatomes, and diminished sensation in the C8 dermatomes bilaterally. Palpation of the cervical spine reveals tenderness palpation over the spinous processes and paracervical musculature. Cervical range of motion is diminished by 5° with rotation and lateral flexion. 10° of cervical extension is lost. Utilization review in question was rendered on January 3, 2014. The reviewer is documented as noncertified the request noting that the symptoms, examination, and diagnostics do not correlate to support a focal radiculopathy that the particular nerve root levels requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4,C4-5, C5-6 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs), 46

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS, 46

Decision rationale: The injured worker fails to meet the criteria as outlined by the Chronic Pain Medical Treatment Guidelines. Specifically, the injured worker is in the therapeutic phase of injections and the clinician did not identify the amount of pain relief for duration of pain relief following the previous injection on December 9, 2013. Regardless, this is within three weeks of the previous injection in the guidelines recommend this injection by greater than 50% pain relief for six to eight weeks. The request for an epidural steroid injection at C3-C4,C4-C5, C5-C6 is not medically necessary or appropriate.