

Case Number:	CM14-0100175		
Date Assigned:	07/28/2014	Date of Injury:	11/20/2008
Decision Date:	10/16/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 52 year-old female was reportedly injured on 11/20/2008. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 9/6/2014, indicates that there were ongoing complaints of neck pain that radiates in the right upper extremity. The physical examination is handwritten and states cervical spine: decreased lordosis, tenderness in the paraspinal muscles with guarding. Decreased sensation right upper extremity (Apache). Mild spasm. Lumbar spine: positive tenderness to palpation of the paraspinal muscles, guarding, positive straight leg raise on the right. Range of motion 38, 13, 10, 11. Decreased sensation right lower extremity along the L4-L5 dermatome. No recent diagnostic study were available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for epidural steroid injection of the cervical spine and was not certified in the pre-authorization process on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Injection X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical exam that was corroborated by a diagnostic study. As such, the requested procedure is deemed not medically necessary.