

Case Number:	CM14-0101448		
Date Assigned:	07/30/2014	Date of Injury:	01/21/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 33-year-old male was reportedly injured on January 21, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 9, 2014, indicates that there are ongoing complaints of neck pain, right upper extremity pain, low back pain, and left lower extremity pain. Current medications include Norco and Prilosec. The physical examination demonstrated tenderness along the right-sided cervical paraspinal muscles and decreased cervical spine range of motion. There was decreased sensation in the right C6 and C8 dermatomal distributions. Muscle strength at the right deltoid, biceps, wrist flexors, and biceps was rated at 4+/5. There was decreased right shoulder range of motion secondary to pain. Diagnostic imaging studies were not reported. Previous treatment includes 10 sessions of physical therapy. A request had been made for a C6-C7 intralaminar epidural steroid injection and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Intralaminar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The attached medical record does not contain any imaging studies or electrodiagnostic testing confirming potential radiculopathy. Therefore this request for a C6-C7 intralaminar epidural steroid injection is not medically necessary.