MAXIMUS Federal Services

Case Number:	CM14-0012185		
Date Assigned:	02/21/2014	Date of Injury:	03/26/2013
Decision Date:	07/22/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 38-year-old female patient with a 3/26/13 date of injury. 12/11/14 progress report indicates significant progress with minimal residual neck pain with left lower infrascapular residual discomfort. 1/15/14 progress report indicates that the patient has returned to work. There is neck pain radiating to the right shoulder and interscapular area. Physical exam demonstrates positive Adson's test on the left. The patient reports a sense of upper extremity weakness. 5/7/13 cervical MRI demonstrates, at C3-4, no spinal cord compression or foraminal encroachment; at C5-6, at least mild left foraminal narrowing. Treatment to date has included physical therapy, medication, ART, and activity modification. There is documentation of a previous 1/23/14 adverse determination for lack of recent motor, sensory and reflex exam and lack of documented failure of conservative care. There was no documentation indicating the proposed injection levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. A recent neurologic exam was not documented. In addition, the patient has recently reported significant progress with minimal residual neck pain. There remains no documentation of the levels to be addressed. Imaging findings are negative for frank nerve root compromise except for mild neural foraminal narrowing at C5-6. Therefore, the request for a cervical epidural steroid injection was not medically necessary.