

Case Number:	CM14-0013821		
Date Assigned:	02/26/2014	Date of Injury:	07/31/2002
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 57-year-old female patient with a 7/31/02 date of injury. The 2/12/14 progress report indicates persistent neck pain radiating down the right arm and left shoulder pain. The patient has, in the interim, had a cervical epidural steroid injection on 2/12/14 with greater than 50% pain relief of neck pain. The 12/18/13 progress report indicates persistent neck pain radiating down the left upper extremity. There is left shoulder pain, poor quality of sleep. His acute exam demonstrates cervical tenderness and trigger points, left upper extremity motor weakness. The 8/3/13 cervical magnetic resonance imaging (MRI) demonstrates mild degenerative changes. Treatment to date has included H-wave machine, medication, physical therapy, left suprascapular nerve block, left subacromial shoulder injection. There is documentation of a previous 1/3/14 adverse determination for lack of cervical radiculopathy on imaging and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: CA 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. Both, electrodiagnostic testing and cervical MRI were negative for frank nerve root compromise. Therefore, the request for a C7-T1 epidural injection was not medically necessary.