

Case Number:	CM14-0014958		
Date Assigned:	02/28/2014	Date of Injury:	09/05/2007
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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 68-year-old female who sustained an injury to her neck on 09/05/07. The mechanism of injury was not documented. The records indicate that the injured worker is status post anterior fusion at C3 through C7. A clinical note dated 12/05/13 reported that the injured worker continued to have neck pain radiating from the left side of the neck down into the left arm and describes tightness on the left side of the neck and left upper back. A repeat MRI of the cervical spine was requested. Physical examination noted no focal motor weakness in the bilateral upper extremities; reflexes 1+ bilaterally; limited range of motion about the shoulder, but she is following up with her primary care physician for this issue. The injured worker was diagnosed with cervical strain and exacerbation of underlying cervical spine stenosis status post anterior fusion C-3 through C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 TRANSLAMINAR EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for C7-T1 translaminar epidural steroid injection has not been established.