

Case Number:	CM14-0015755		
Date Assigned:	03/03/2014	Date of Injury:	10/24/2012
Decision Date:	08/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and 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 injured worker is a 71-year-old male who sustained an injury to his neck on 10/24/12 when one of his patients became delusional and hit him in the head with an electric shaver. The injured worker complained of headaches, neck pain, and blurred vision. Computed tomography scan of the head without contrast dated 10/25/12 revealed no significant abnormalities. The injured worker continued to complain of gradual increase in symptoms. Physical examination noted orientation to person, place, and time; normal motor skills, sensation, strength, and reflexes; normal gait. The injured worker was recommended a transcutaneous electrical nerve stimulation unit and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 epidural steroid injection, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (acute & chronic), Epidural steroid injections (ESIs).

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

Decision rationale: The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there were no physical examination findings that would correlate with the imaging studies provided that would indicate an active radiculopathy at C6-7. Given this, the request for left C6-7 epidural steroid injection times one is not indicated as medically necessary. Therefore, the request for left C6-7 epidural steroid injection is non-certified.

Medical Clearance, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Office visits.

Decision rationale: After reviewing the clinical documentation submitted for review, there was no additional significant objective information provided that would support the need to reverse the previous adverse determination. Given this, the request for medical clearance is not indicated as medically necessary.