

Case Number:	CM14-0111326		
Date Assigned:	09/16/2014	Date of Injury:	04/17/2014
Decision Date:	10/21/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain 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:

The records, presented for review, indicate that this 47 year old female was reportedly injured on April 17, 2014. The mechanism of injury was noted to be cumulative trauma. The most recent progress note, dated July 28, 2014, indicated that there were ongoing complaints of neck pain radiating down the right upper extremity. Current medications included Motrin and Norco. The physical examination demonstrated tenderness at the medial epicondyles of the right elbow, positive right elbow Tinel's test, mildly positive Spurling's test to the right side. Diagnostic nerve conduction studies of the upper extremities were normal. A magnetic resonance imaging of the cervical spine revealed a disc protrusion at C6 to C7 and disc degeneration at C4 to C5 and C5 to C6. Previous treatment included a home exercise and anti-inflammatory medications. A request was made for epidural steroid injections on the right side at C4 to C5 and C5 to C6 and was not certified in the preauthorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI of the Cervical Spine, right side at C4-C5 and C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the medical records, there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.