

Case Number:	CM14-0112526		
Date Assigned:	08/01/2014	Date of Injury:	03/28/2014
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 and is licensed to practice in 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 records presented for review indicate that this 50 year old female was reportedly injured on March 28, 2014. The mechanism of injury is noted as being punched in the nose by a student. The most recent progress note, dated June 4, 2014, indicates that there are ongoing complaints of cervical spine pain and headaches. The physical examination demonstrated mild restriction of the cervical spine range of motion and tenderness throughout the cervical spine, Spurling's test was negative, and there was a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine indicated multilevel degenerative disc disease with mild reversal of cervical lordosis either due to degenerative changes or muscle spasms. There was significant narrowing of both C5 to C6 neural foraminal probable impingement of the exiting C6 nerve roots as well as severe narrowing of C6 to C7 probable impingement of the exiting C7 nerve roots. Previous treatment includes a home exercise and oral medications. A request was made for the cervical catheter epidural steroid injection on the left at C5 to C6 and a transforaminal epidural steroid injection at C6 to C7 and was not certified in the preauthorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Catheter Epidural Steroid Injection for left C5-6: Upheld

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

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 record there are no findings of a radiculopathy on physical examination that correspond with the MRI findings. Considering this, this request for the cervical catheter epidural steroid injection on the left at C5 to C6 is not medically necessary.

C6-7 Transforaminal Epidural Steroid Injection: Upheld

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

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 attached medical record there are no findings of a radiculopathy on physical examination that correspond with the MRI findings. Considering this, this request for a C6 to C7 transforaminal epidural steroid injection is not medically necessary.