

Case Number:	CM14-0112791		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2004
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/19/2014

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 64-year-old female was reportedly injured on December 5, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated diffuse tenderness along the cervical spine and the left trapezius. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine revealed a left sided disc protrusion at C6/C7 Previous treatment includes a fusion of the cervical spine at C4/C5. A request had been made for a trial of a cervical epidural steroid injection and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for an epidural steroid injection includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The recent physical examination dated June 17, 2014, did not note any radicular findings on physical examination. Therefore this request for a trial of a cervical epidural steroid injection is not medically necessary.