

Case Number:	CM14-0116313		
Date Assigned:	08/04/2014	Date of Injury:	01/16/1998
Decision Date:	09/12/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Surgeon 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 injured worker is a 63 year-old female who reported an injury on 01/16/1998. The mechanism of injury involved repetitive lifting. The current diagnoses include headache, cervical degenerative disc disease, cervical radiculopathy, depression and unspecified myalgia and myositis. The injured worker was evaluated on 06/06/2014 with complaints of worsening headaches, depression, and shoulder/neck pain. The injured worker has been under the care of a psychologist and a cervical spine specialist. The current medication regimen includes Percocet, Omeprazole, Nizatidine, Ambien, Alprazolam, Cymbalta, Wellbutrin, and Abilify. Physical examination on that date revealed limited cervical range of motion, tenderness to palpation, a normal gait, intact sensation, and normal strength in the upper and lower extremities. Treatment recommendations at that time included continuation of the current medication regimen, a follow up with an orthopedic specialist, a follow up with the spine specialist, ongoing treatment with the psychiatrist, and a cervical epidural steroid injection at C5-6. There was no Request for Authorization submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection at C5-6, Under Fluoroscopic Guidance and Monitored Anesthesia x 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for this review. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request for Epidural Steroid Injection is not medically necessary.