

Case Number:	CM14-0125696		
Date Assigned:	08/11/2014	Date of Injury:	02/17/2014
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 48-year-old female was reportedly injured on 2/17/2014. The mechanism of injury was not listed. The recent progress note, dated 7/28/2014, indicated that there were ongoing complaints of neck pain and brachial radiculopathy. The physical examination demonstrated restricted movements in the cervical spine with cervical compression positive and diffuse palpable tenderness in the lower cervical region. Medical records mentioned an MRI of the cervical spine 6/27/2014, which revealed C4-C5 and C6-C7 bilateral neural foraminal stenosis, C6-C7 degenerative disc changes, as well as central canal stenosis and C6-C7 left neural foraminal stenosis. Previous treatment included medications and conservative treatment. A request had been made for epidural steroid injection cervical spine at C6-C7 and was denied in the pre-authorization process on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy of the upper extremities on physical exam. As such, the request is not medically necessary and appropriate.