

Case Number:	CM14-0126766		
Date Assigned:	08/13/2014	Date of Injury:	06/09/2005
Decision Date:	09/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 55-year-old gentleman was reportedly injured on June 9, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 5, 2014, indicated that there were ongoing complaints of neck pain. Current medications include Norco, Naprosyn, Prilosec, and Docuprene. The physical examination demonstrated decreased cervical spine range of motion and tenderness along the cervical spine paravertebral muscles and trapezius muscles. There was decreased left shoulder range of motion and muscle strength as well as decreased sensation in the left C6 and C7 dermatomal distributions. Regarding the lumbar spine, there was tenderness along the paravertebral muscles and decreased lumbar range of motion. There was a negative straight leg raise test. Diagnostic imaging studies of the cervical spine indicated a fusion at C5-C6. Previous treatment included cervical spine surgery, a right ulnar nerve decompression and transposition, a left shoulder arthroscopy, chiropractic care, physical therapy, acupuncture, a home exercise program, and a previous cervical spine epidural steroid injection. A request had been made for a cervical spine epidural steroid injection and was not certified in the pre-authorization process on August 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection under anesthesia with fluoroscopy: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, in order to justify a repeat epidural steroid injection, the initial injection should provide at least 50% pain relief with associated reduction of medication usage for 6 to 8 weeks' time. The attached medical record indicates that the injured employee did have some pain relief but only for one month. Considering this, the request for the cervical spine epidural steroid injection under anesthesia with fluoroscopy is not medically necessary.