

Case Number:	CM14-0126826		
Date Assigned:	08/13/2014	Date of Injury:	05/15/2012
Decision Date:	09/16/2014	UR Denial Date:	08/08/2014
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 47-year-old individual was reportedly injured on 5/15/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 6/25/2014, indicated that there were ongoing complaints of neck pain radiating into the bilateral upper extremities and low back pain. The physical examination demonstrated cervical spine paravertebral tenderness to palpation in the lower cervical, supraclavicular, and lumbar facet joints at L4-L5 and L5-S1. Positive muscle spasm was also noted. There were also loss of normal curve of the cervical spine and increased lumbar lordosis. Range of motion of cervical and lumbar spine was restricted. Hyperextension maneuver of the lumbar spine was positive and there was documentation of diminished sensation in a non-dermatomal distribution to light touch in the left upper extremity. Diagnostic imaging studies included an EMG/NCV of the upper extremities, dated 4/18/2014, which revealed bilateral carpal tunnel syndrome and sensory polyneuropathies possibly related to metabolic disorder or alcoholism. Previous treatment included previous disc joint injections, medications, and conservative treatment. A request had been made for epidural steroid injection C7-T1 and was not certified in the pre-authorization process on 8/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Cervical Epidural Steroid Injection C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

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 upper extremity radiculopathy in a specific dermatome. As such, the requested procedure is deemed not medically necessary.