

Case Number:	CM14-0128168		
Date Assigned:	08/15/2014	Date of Injury:	08/15/2008
Decision Date:	09/15/2014	UR Denial Date:	07/18/2014
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 Orthopedic Surgery 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 records presented for review indicate that this 43-year-old female was reportedly injured on August 15, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 11, 2014, indicates that there are ongoing complaints of right shoulder and right arm pain with weakness. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles and right trapezius. There was decreased sensation at C6 and C7 in the right upper extremity. Diagnostic nerve conduction studies revealed a right-sided C7 and C8 sensory radiculopathy. An MRI of the cervical spine dated March 2, 2012, revealed a disc osteophyte complex which is largest at C4 - C5. There were smaller complexes at C5 - C6 and C6 - C7 with mild central canal stenosis. There was no evidence of any significant neural foraminal narrowing at any level. Previous treatment includes a carpal tunnel release and revision as well as right shoulder surgery with a revision. There was also prior treatment with trigger point injections. A request had been made for cervical spine epidural steroid injection and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of a radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request does not indicate which levels are intended to be treated with the requested cervical spine epidural steroid injection. Furthermore there is no corroboration between physical examination findings and EMG studies. For these reasons, this request for a cervical spine epidural steroid injection is not medically necessary.