

Case Number:	CM14-0132939		
Date Assigned:	08/25/2014	Date of Injury:	03/26/2014
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Practice, and is licensed to practice in Texas & Mississippi. 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 36-year-old female who reported an injury on 03/26/2014 due to a motor vehicle accident. On 07/01/2014 the injured worker presented with neck, thoracic and back pain. Upon examination of the cervical spine there were mild spasm and a positive bilateral facet loading. There was a guarded Spurling's test bilaterally with tenderness to palpation in the mid parathoracic bilaterally. There was intact sensation to light touch except diffusely to the right upper extremity and normal reflexes and distal sensation. An MRI of the cervical spine performed on 05/02/2014 revealed straightening of the cervical lordosis possibly postural without any evidence of a nerve compression. An MRI of the thoracic spine revealed a normal result. The diagnoses were pain in the neck, spondylosis without myelopathy, degenerative disc disease of the cervical spine and radiculitis. Prior therapy included medications, physical therapy and chiropractic care. The provider recommended a C7 to T11 interlaminar ESI. The provider stated it is for therapeutic purposes, and will consider a lumbar spine workup if the neck pain improves. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T11 Interlaminar ESI: Upheld

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

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

Decision rationale: The injured worker is a 36-year-old female who reported an injury on 03/26/2014 due to a motor vehicle accident. On 07/01/2014 the injured worker presented with neck, thoracic and back pain. Upon examination of the cervical spine there were mild spasm and a positive bilateral facet loading. There was a guarded Spurling's test bilaterally with tenderness to palpation in the mid parathoracic bilaterally. There was intact sensation to light touch except diffusely to the right upper extremity and normal reflexes and distal sensation. An MRI of the cervical spine performed on 05/02/2014 revealed straightening of the cervical lordosis possibly postural without any evidence of a nerve compression. An MRI of the thoracic spine revealed a normal result. The diagnoses were pain in the neck, spondylosis without myelopathy, degenerative disc disease of the cervical spine and radiculitis. Prior therapy included medications, physical therapy and chiropractic care. The provider recommended a C7 to T11 interlaminar ESI. The provider stated it is for therapeutic purposes, and will consider a lumbar spine workup if the neck pain improves. The Request for Authorization form was not included in the medical documents for review.