

Case Number:	CM14-0157308		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2004
Decision Date:	11/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Louisiana. 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 patient is a 42 year old female who was injured on 05/27/2004. The mechanism of injury is unknown. Prior treatment history has included hydrocodone-acetaminophen, Tylenol with Codeine, ibuprofen, Baclofen, Colace, Xanax, and Zoloft. The patient underwent fusion at L5-S1 in 2008 and rotator cuff repair in 2007. Progress report dated 07/24/2014 documented the patient to have complaints of ongoing neck pain and headaches with worsening left arm pain and numbness. She reported occasional left hand symptoms to a similar degree and intensity with work activity. On exam, there is tenderness to palpation over the paraspinals as well as suboccipital pain and left myofascial pain with trapezius and levator scapulae. Range of motion of the cervical spine revealed forward flexion is 20; right lateral flexion is 35; left lateral flexion is 35; hyperextension is 10; right lateral rotation is 45; and left lateral rotation is 45. Spurling's maneuver is positive centrally. The patient is diagnosed with postlaminectomy syndrome of the cervical spine region and cervical intervertebral disc degeneration. The patient was recommended for a repeat cervical epidural steroid injection as it has provided her with 60-70% relief in the past. Prior utilization review dated 08/22/2014 states the request for Cervical Epidural Steroid Injections is not certified as it is not medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine) : Table 2, Summary of recommendations, Cervical and Thoracic Spine Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Epidural steroid injection

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection is recommended as an option for treatment for radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is consistent radiculopathy however, there is not documentation of duration of pain relief or objective functional gains obtained from prior epidural steroid injection to support the necessity of this request. Therefore, this request is not medically necessary at this time.