

Case Number:	CM14-0170097		
Date Assigned:	10/20/2014	Date of Injury:	07/12/1997
Decision Date:	11/20/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 63 year-old male with a date of injury of 7/12/1997. A review of the medical documentation indicates that the patient is undergoing treatment for chronic neck pain and for psychiatric diagnoses. The medical documentation available for review was sparse and consisted only of the UR and psychiatric notes. There was no primary documentation from the treating physician who recommended the therapy. Therefore, this summary is limited in its scope and is a compilation of only the available sources. There are subjective complaints (8/12/2014 and 9/10/2014) of neck pain of 7/10 severity and right hand numbness. Objective findings (9/10/2014) include decreased extremity reflexes, absent Hoffman's sign, and absent Babinski. Diagnoses include cervicalgia and cervical disc degeneration. The patient has undergone CT studies (date unknown), which showed cervical spine facet arthropathy C2-3. The patient has previously undergone treatment to include medication, multiple neck surgeries, revision surgery, physical therapy, chiropractic, and epidural steroid injections. A utilization review dated 10/8/2014 did not certify the request for cervical facet injection C2-3 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injection C2-3 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Guidelines also state that failed response to conservative treatment should be detailed, and that a maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Medical documentation in this case is extremely limited, and no documents from the primary treating physician are available for review. There is no documentation that shows conservative therapy has failed, other rehab efforts are utilized, or evidence of radicular pain other than a secondary reference to numbness and decreased reflexes. The documentation also states that injections have been utilized in the past, but there is no information as to the effectiveness of this therapy. Imaging results are also not available for review. Therefore, the request for cervical facet injection C2-3 bilaterally is not medically necessary at this time.