

Case Number:	CM14-0020380		
Date Assigned:	05/02/2014	Date of Injury:	08/07/2013
Decision Date:	08/04/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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:

This is a 43-year-old male patient with 8/7/13 date of injury. 3/19/14 progress report indicates persistent low back and neck pain. Physical exam is unchanged. 2/27/14 progress report indicates persistent neck and low back pain, headaches. 1/29/14 progress report indicates continued low back pain, neck pain and hip pain. The patient also complains of a headache. Physical exam demonstrates pain in the C5, C6, C7 dermatomes. There is limited lumbar range of motion. 12/30/13 progress report indicates continued neck and low back pain and anxiety. Physical exam demonstrates pain in the left lower quadrant of the abdomen. Treatment to date has included medication, chiropractic care, and activity modification. 10/22/for teen cervical MRI demonstrates, at C4-5, minimal bilateral neural foraminal narrowing; at C5-6, mild left neural foraminal narrowing; at C6-7, mild left neural foraminal narrowing. There is documentation of a previous 2/10/14 adverse determination for reasons not made available for review.

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 ACOEM Page(s): 174-175.

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Dermatomal pain is not a motor, sensory or reflex impairment that would corroborate the diagnosis. Specific levels to be addressed are not identified. There is no greater than mild neural foraminal compromise on recent cervical MRI. Therefore, the request for a cervical Epidural Steroid Injection is not medically necessary and appropriate.