

Case Number:	CM14-0023478		
Date Assigned:	06/20/2014	Date of Injury:	09/09/2006
Decision Date:	08/06/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation 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 underlying date of injury in this case is 09/09/2006. The patient's diagnoses are cervical stenosis and pain in shoulder joint. On 12/06/2013, that treating physician saw the patient in follow-up regarding neck, shoulder, and upper extremity pain. The patient reported numbness and tingling in all the fingers of his left hand, which occurred several times daily. The patient reported that physical therapy had worsened his pain. He had received some injections in the trapezius muscle with temporary relief. A cervical magnetic resonance imaging (MRI) demonstrated multilevel disc degeneration and protrusions on 12/05/2013. An electromyography (EMG) of 01/16/2007 was within normal limits. No specific focal neurological deficits were noted. The patient reported that he did not wish to consider invasive procedures at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural injection under myelography, epidurography, insertion of a cervical catheter, fluoroscopic guidance and intravenous sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, state that radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. At this time, the medical records do not clearly demonstrate either a medical history, physical examination, or diagnostic studies to support the presence of a focal radiculopathy. At this time, this request is not supported by the treatment guidelines. This request is not medically necessary.