

Case Number:	CM14-0029998		
Date Assigned:	06/20/2014	Date of Injury:	04/25/2012
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker is a 74 year old female who reported an injury on 04/25/2012 due to an unexplained mechanism. The injured worker complained of pain in the right side of neck, suprascapular region, pain in right shoulder, occipitofrontal headaches, left neck pain and neck stiffness. Physical examination on 01/08/2014 revealed range of motion for the neck was extension more painful than flexion, decreased range of motion with left lateral and right lateral rotation. Tenderness over the cervical spine on the right side, negative on the left, facet loading test positive on the right, negative on the left. Diagnostic studies were reported as MRI of the cervical spine on 09/17/2012 and x-ray of the cervical spine. The injured worker had past treatments of physical therapy, shoulder injection, and medications, radiofrequency lesioning. The injured worker also had medial branch block injections on 06/17/2013 on the left C3, C4, C5 and reported pain relief for about 2-3 hours. The injured worker's medications were losartan potassium-HCTZ, atorvastatin, pantoprazole, singulair, lovaza, verapamil. The current diagnoses were cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, spinal stenosis in cervical region, primary localized osteoarthritis (shoulder), headache, essential hypertension and unspecified hyperlipidemia. The rationale was the injured worker failed conservative management such as physical therapy and anti-inflammatories. It was also stated that there was no evidence of radiculopathy. The rationale and request for authorization were not submitted 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 (no spine levels and laterality provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request is for a cervical epidural steroid injection. The injured worker had a medial branch block on 06/17/2013 with 2-3 hours pain relief. California Medical Treatment Utilization Schedule recommends as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection should be used in conjunction with other rehab efforts, including a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker did not have a diagnosis of radiculopathy. Also the request submitted does not state the levels or which side for injection. Therefore, the request is non-certified.