

Case Number:	CM14-0031595		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2012
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopaedic Surgery 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 33-year-old female who was reportedly injured on 8/16/2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 1/6/2013, indicated that there were ongoing complaints of severe pain in both her neck and hands. The physical examination demonstrated cranial nerve examination was normal. Motor examination was normal. Reflexes were symmetrical. Sensory examination was normal. Gait examination was normal. Cervical spine is spasming diffusely. Diagnostic imaging included magnetic resonance imaging of the thoracic spine without contrast dated 12/4/2013 and revealed segmented anomalies in the mid thoracic spine were including a right T8 hemivertebral body causing foraminal narrowing and significant focal dextroscoliosis. Previous treatment included physical therapy and transcutaneous electrical nerve stimulator (TENS) unit. A request had been made for nerve block injection of the cervical spine (levels not specified) and was not certified in the pre-authorization process on 2/13/2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block injection cervical spine (levels not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment for radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuation of a home exercise regimen. After review of the medical documentation provided, there is no physical examination findings documenting radiculopathy associated with this patient's neck and hand pains. Also, there are no electrodiagnostic or imaging studies that corroborate radiculopathy in this patient. Based on the clinical documentation, there is insufficient clinical evidence that the proposed procedure meets making this request not medically necessary.