

Case Number:	CM14-0034098		
Date Assigned:	06/20/2014	Date of Injury:	08/23/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 Nevada. 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 64-year-old female who was reportedly injured on 8/23/2012. The mechanism of injury was noted as repetitive keyboarding, mouse work, talking on the phone and turning of the neck to view monitors. The most recent progress note, dated 1/29/2014, indicated that there were ongoing complaints of a sore neck. Pain noted as 2-3 on a scale of 0-10. The physical examination demonstrated the cervical spine had a decrease in the normal lordosis, moderate tenderness to palpation with muscle spasm noted over the paravertebral musculature and right trapezius muscle, positive axial head compression on the right, positive Spurling test on the right. Range of motion flexion 20, extension 50, lateral flexion 30, and rotation 60. Bilateral upper extremity exam range of motion equal bilateral and within normal limits. No abnormal findings on physical exam for right and left shoulders. Right and left elbow as well as right and left wrist exam unremarkable with no positive findings other than well healed surgical incision on the right wrist. Sensation was decreased in the right C6 and C7 dermatomes as to pain, temperature, light touch, vibration and 2-point discrimination. Muscle strength equal bilaterally 5/5, except on the right side at elbow flexors and extensors which include C5-6 and C7. Deep tendon reflexes 2+ equal bilateral. Diagnostic imaging studies included an MRI of the cervical spine on 11/13/2012, which revealed 3 mm disc bulge at the C5-C6 and C6-C7 levels with bilateral neuroforaminal stenosis. Previous treatment included right hand/wrist surgery, physical therapy, consultation to pain management and medications such as cyclobenzaprine and Motrin. A request had been made for right C5-C6 and right C6-C7 transfacet epidural steroid injections times two (2) and was not certified in the pre-authorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6 and Right C6-C7 Transfacet Epidural Steroid Injections Times Two (2):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 of 127.

Decision rationale: The CA MTUS Guidelines allow for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electro diagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was evidence of decreased sensation in the right C6-C7 dermatome to pain, temperature, light touch, vibration and two-point discrimination. This record provided insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there was no documentation of a positive diagnostic study to include imaging and/or an electro diagnostic study to corroborate radiculopathy. As such, the requested procedure is deemed not medically necessary.