

Case Number:	CM14-0035258		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2013
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/21/2014

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 36 year-old female who was reportedly injured on March 15, 2013. The mechanism of injury is noted as being struck by a falling object. The most recent progress note dated January 10, 2014, indicates that there are ongoing complaints of neck and arm pain. No specific physical examination findings are reported. Diagnostic imaging studies objectified ordinary disease of life degenerative disc disease with no evidence of nerve root encroachment. Previous treatment includes narcotic medications, right shoulder surgery, electrodiagnostic testing (no evidence of radiculopathy) and physical therapy. A request had been made for cervical epidural steroid injection and was not certified in the pre-authorization process on February 19, 2014. It is also noted that there was a request for cervical surgery to address the ordinary disease of life degenerative processes identified in the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 interlaminar epidural steroid injection at the C4-C5 level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 12.

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of a verifiable radiculopathy on electrodiagnostic testing. As such, the requested procedure is deemed not medically necessary.