

Case Number:	CM14-0035632		
Date Assigned:	06/23/2014	Date of Injury:	09/20/2013
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological 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 34-year-old female who was reportedly injured on September 20, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated June 11, 2014, indicated there were ongoing complaints of cervical spine pain. The physical examination demonstrated tight paraspinal muscles and full cervical spine range of motion. There was a positive Spurling's test to the left. There was also tenderness over the acromioclavicular joint and greater tuberosity of the shoulder, although it was not stated which one. There was no evidence of carpal tunnel syndrome distally. There was a normal upper extremity neurological examination. A trial of epidural steroid injections was recommended. An MRI (magnetic resonance imaging) of the cervical spine noted a two-millimeter disc bulge and left-sided facet arthropathy at C6-C7. Previous treatment included physical therapy and acupuncture. A request was made for epidural steroid injections by pain management and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections by pain management, Qty: 1:00: 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 Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the prerequisites for an epidural steroid injection of the cervical spine include that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note, dated June 11, 2014, the injured employee does not have any complaints of radicular symptoms and has a normal neurological examination, and has no evidence of nerve root involvement on MRI (magnetic resonance imaging). Considering that none of these criteria have been met, this request for epidural steroid injections by pain management is not medically necessary.