MAXIMUS Federal Services

Case Number:	CM14-0037537		
Date Assigned:	06/25/2014	Date of Injury:	10/01/2007
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

This patient is a 37-year-old female with a date of injury on 10/01/2007. She reports severe neck and right shoulder pain with numbness and tingling of the right 3rd and 4th fingers; palm side. On exam she was found to have weakness of the right deltoid and biceps with a diminished biceps reflex. Her August 2012 cervical MRI shows a left C5-6 herniated disc (3mm protrusion); however, this is contralateral to the side of her symptoms. The patient claims her pain can be severe and that repetitive activity of the arm and neck, prolonged sitting, reaching overhead and lifting can worsen her pain. It was determined that this problem developed as a result of repetitive desk work, computer use, typing and writing. The patient had a negative right shoulder MRI in 2012. She takes Tramadol, Soma, Norco and remotely, Motrin which she stopped due to stomach symptoms. She did try one session of Physical Therapy (it is unclear why she did not try more sessions). She had one cervical epidural, but did not get any relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) x 1 C5-6 right side: Upheld

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

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

Decision rationale: The MTUS specifically states - if there are symptoms suggestive of a radiculopathy that it must be documented by physical exam and corroborated by imaging or electromyography (EMG). The patient's symptoms are right sided, yet her MRI shows a left sided disc bulge without evidence of any neuro-compressive lesions on the right. Additionally, the MTUS states an epidural injection should not be done unless the patient is initially unresponsive to conservative treatment such as exercise, physical therapy, anti-inflammatories or muscle relaxants. Though the patient is getting inadequate relief from her medications, she has not seemingly had a real effort at physical therapy. It is for these reasons that this epidural is not found to be medically necessary.