

Case Number:	CM14-0037869		
Date Assigned:	06/25/2014	Date of Injury:	08/04/2010
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/31/2014

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 Orthopedic 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 36-year-old gentleman who was reportedly injured on August 4, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated May 22, 2014, indicates there are ongoing complaints of neck and arm pain. Current medications include Norco, Naproxen, Cymbalta, and Omeprazole. The injured employee states that the current medications help control pain and increases function as well as help perform activities of daily living. The physical examination demonstrated tenderness of the occipital cervical paraspinal and upper trapezius muscles there was a positive Spurling's test to the left side and decreased sensation in the posterolateral aspect of the left arm and left hand. A prescription of Norco was refilled. Diagnostic nerve conduction studies showed a left C6 radiculitis and an MRI of the cervical spine did not show any evidence of nerve root involvement. Previous treatment included a prior epidural steroid injection. A request had been made for outpatient cervical epidural steroid injection under fluoroscopic guidance at the C6/C7 level and was not certified in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injection under fluoroscopic guidance at the C6-C7 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 Criteria for use of Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the medical record the injured employee had a previous epidural steroid injection which provided improvement of the neck and left arm pain for two weeks time. According to the California MTUS Chronic Pain Medical Treatment Guidelines at least 50% pain relief must be achieved for a six week time period in order to justify repeat injections. Therefore, this request for a cervical epidural steroid injection under fluoroscopic guidance at the C6/C7 level is not medically necessary.