

Case Number:	CM14-0039548		
Date Assigned:	06/27/2014	Date of Injury:	09/18/2013
Decision Date:	08/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 male who reported an injury on 09/18/2013. The date of birth and mechanism of injury were not provided. The diagnoses included neck sprain. Prior therapies were not provided. Per the determination letter, the injured worker was seen on 02/18/2014 and reported intermittent severe pain on the left shoulder going all the way down to his left hand. He reported intermittent paresthesia in his left fingers and central palm. Objective findings included tenderness over the cervical paraspinals and left trapezius. It was noted that motor strength, sensation, and reflexes were within normal limits. A cervical epidural steroid injection was requested. The Request for Authorization Form and rationale were not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page(s) 46 Page(s): 46.

Decision rationale: The request for 1 cervical epidural steroid injection is non-certified. The CA MTUS Guidelines state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Pain must be initially unresponsive to conservative treatment. No clinical notes were submitted for review. Per the determination letter, the injured worker was experiencing left shoulder pain going down to the left hand. It was noted his motor strength, sensation, and reflexes were within normal limits. There is a lack of documentation to support a diagnosis of radiculopathy. There is no indication the injured worker's pain was unresponsive to conservative treatment. There is also no indication the injured worker would be participating in an active treatment program in conjunction with injection therapy. In addition, the submitted request does not specify the level to be injected. Based on this information, the request is not supported. As such, the request for 1 cervical epidural steroid injection is not medically necessary.