

Case Number:	CM14-0039839		
Date Assigned:	07/02/2014	Date of Injury:	02/05/2003
Decision Date:	09/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 53 year old male who sustained injury to his neck on 02/05/03 while performing his usual and customary duties as a police officer, he developed neck pain. Clinical note dated 02/25/14 reported that the injured worker received a lot of pain relief from the first two cervical epidural steroid injections. The improvement was in the 60% range for an unspecified duration. The injured worker continued to complain of pain/numbness in the right hand/arm. Previous injections were performed on 07/30/13 and 08/20/13. The patient received blocks on 08/12/13, 07/12/13, 04/12/13, 07/11/13, 05/11/13, and 02/11/13. The injured worker stated he continued to have neck pain radiating to the bilateral upper extremities. Weakness had not returned, but radicular arm pain with associated numbness and tingling persists. The request was for two cervical blocks. It was noted that the injured worker needed the next block to continue improvement before beneficial effect of the corticosteroid injection wore off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

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

Decision rationale: Although this treatment was determined to be medically necessary at this time, the relatedness of this condition to the industrial engine he injury has not been determined. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging studies provided for review that would correlate with recent physical examination findings of an active radiculopathy at any level in the lumbar spine. The level/laterality of the injections was not specified in the request, as well as the amount of injections to be administered. Furthermore, there was no indication that the injured worker suffers from extreme anxiety or has a needle phobia that would warrant the use of anesthesia. Given this, the request for cervical epidural steroid injections with anesthesia is not indicated as medically necessary.