

Case Number:	CM14-0041160		
Date Assigned:	06/27/2014	Date of Injury:	07/17/2013
Decision Date:	08/16/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 62 year old female who sustained an injury to her neck on 07/17/13. The mechanism of injury was not documented. Treatment to date has included medications, work restrictions, activity modifications, and an initial regimen of 6 physical therapy visits. Physical examination noted cervical range of motion flexion 30 degrees, extension 20 degrees, bilateral lateral bending 20 degrees, bilateral rotation 40 degrees. There was tenderness to palpation to the cervical spine, and gait was normal and non-ataxic. She had decreased sensation at the C4 and C5 dermatomes and muscle strength was 4+ right. Her reflexes were intact throughout, and Spurling's sign was negative. The injured worker was diagnosed with cervical stenosis, cervical radiculopathy, and degenerative disc disease of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections C5-6, C7-T1, QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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

Decision rationale: There was little information provided on the patient's improved function. The MTUS Guidelines state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. Given this, the request is not medically necessary.