

Case Number:	CM14-0044236		
Date Assigned:	06/20/2014	Date of Injury:	03/20/2013
Decision Date:	09/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational Medicine 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:

This patient is a 25 year old female who developed persistent cervical and left upper extremity pain secondary to a lifting injury on 3/20/13. She is reported to have mostly left sided neck pain with radiation into the left shoulder girdle and into the left extremity. The most recent treating physician has opined that she has a C-6 hypoesthesia; however the neurological exam details supporting this are not documented. She has been treated with oral analgesics and 12 sessions of physical therapy. On prior exams the left shoulder was thought to be a source of pain and a magnetic resonance imaging (MRI) is reported to show rotator cuff impingement with a possible superior labral tear from anterior to posterior lesion. Due to continued pain with radiation a cervical MRI was performed on 8/15/13. The report stated that there was diffuse mild degenerative disc disease, but no central or foraminal stenosis. The C4-5 disc had the most changes. It is documented that electrodiagnostics of the left upper extremity were completed and were negative. The actual report is not in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection QTY: 1: Upheld

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

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

Decision rationale: To meet MTUS Guideline standards for the use of epidural injections there has to be a clear clinical depiction of radiculopathy plus corresponding MRI and/or electrodiagnostic findings. The requesting physician presents some clinical findings consistent with a radiculopathy, but there are no corresponding MRI or electrodiagnostic findings. The cervical MRI did not reveal any nerve root compression and the electrodiagnostics are reported to be normal. There are no unusual circumstances that would justify an exception to Guidelines. The requested cervical epidural injection is not medically necessary.