

Case Number:	CM14-0047648		
Date Assigned:	06/25/2014	Date of Injury:	09/12/2007
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old male was reportedly injured on September 12, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 4, 2013, indicates that there are ongoing complaints of cervical spine pain, right arm pain and right hand pain. Current medications include Percocet, Neurontin, fentanyl transdermal patches, Ambien, carisoprodol and ibuprofen. The physical examination demonstrated general right arm strength at 4/5. The cervical spine range of motion was decreased by 75% in all directions. The treatment plan included refilling existing medications and a home exercise program. The results of any diagnostic imaging studies are not reported. A request was made for a right side cervical spine epidural steroid injection at C7 - T-1 and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical epidural steroid injection C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS Guidelines. Specifically, there is no documentation of objective findings of radiculopathy on physical examination nor are any results of a cervical spine MRI reported. As such, the request for a right-sided cervical spine epidural steroid injection at C7 - T1 is not medically necessary and appropriate.