

Case Number:	CM14-0053498		
Date Assigned:	07/07/2014	Date of Injury:	03/22/2006
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 injured worker is a 51-year-old male who was reportedly injured on March 22, 2006. The mechanism of injury was being struck by a 4 pound rubber blanket. The most recent progress note dated February 25, 2014, indicated that there were ongoing complaints of chronic neck pain. Current medications include Vicodin, Celebrex, a Medrol dose pack, morphine and Percocet. The physical examination demonstrated tenderness along the cervical spine facets and decreased cervical spine range of motion. There was normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine revealed disc protrusions at C3-C4 and C4-C5 with impingement of the exiting nerve roots. A previous fusion was noted at C5-C6 and C6-C7. Nerve conduction studies of the upper extremities noted moderate to severe median neuropathy at the wrist and moderate right ulnar neuropathy at the elbow. Previous treatment includes a C6-C7 fusion in 2006 and a subsequent fusion as well as physical therapy and epidural steroid injections. A request was made for a C7-T1 epidural steroid injection with anesthesia and fluoroscopic guidance and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Epidural Steroid Injection with Anesthesia and Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While there were abnormalities noted on a cervical spine magnetic resonance image indicating nerve root compromise, there was a normal neurological examination, and electromyogram studies did not indicate a radiculopathy. For these reasons, this request for a C7-T1 epidural steroid injection with anesthesia and fluoroscopic guidance is not medically necessary.