

Case Number:	CM14-0055144		
Date Assigned:	07/07/2014	Date of Injury:	04/24/2010
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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:

Patient is a 39 year-old female with date of injury 04/24/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/04/2014, lists subjective complaints as pain in the neck and upper back that radiates to the shoulders. Objective findings: Examination of the cervical spine revealed tenderness to palpation in the paracervical region. Range of motion was reduced on extension and rotation. Spurling sign was positive. Examination of the right shoulder revealed decreased range of motion and positive Hawkins sign for impingement with weakness with abduction testing. Diagnosis: 1. C5-6 herniated disc 2. Right C6 radiculopathy. Patient is status post cervical ESI on 12/18/2013 with reported greater than 60% relief for nearly 10 weeks, but feels pain returning again extending mostly into right upper extremity down the arm into the lateral forearm and slightly into the phone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat (R) Cervical Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The patient has a C5-6 herniated disc which is causing pain and the right C6 dermatome. She is also having some subjective complaints of weakness in the right upper extremity. The previous cervical epidural was effective and has allowed the patient to perform her regular duties. She does appear to be a surgical candidate if the epidural steroid injection is ineffective. I am reversing the prior UR decision.