

Case Number:	CM14-0055662		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2006
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
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 Orthopedic Surgery, and is licensed to practice in Arizona. 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 58-year-old female sustained a work-related injury on 4/1/2006 while she was removing a box from an overhead shelf. She allegedly felt pain down the side of her neck and down into her shoulder. On the examination of 4/3/2014 the patient was complaining of neck pain radiating from her neck down her whole right arm with numbness and tingling in her fingers. An MRI scan of her cervical spine done on 10/15/2012 showed minimal degenerative disc changes at C5-C6 without significant spinal stenosis or neural foraminal narrowing. She apparently received cervical epidural injections in 2013 and another in 2014 all with moderate relief. The patient has had electrodiagnostic studies done several times which reveals persistent carpal tunnel syndrome of the right wrist. Examination reveals painful limited range of motion of her cervical spine and some apparent weakness in the muscles of the left upper extremity with decreased sensation of the entire right arm. Request is made for cervical epidural injections for C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection for C7-T1 Spine: Upheld

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

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

Decision rationale: The criteria for Epidural Steroid Injections according to the Chronic Pain Guidelines are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic studies. The imaging studies and electrodiagnostic studies failed to corroborate that the patient has radiculopathy. The patient must have initial unresponsiveness to conservative treatment. There is no documentation of a trial of exercise therapy or physical methods for relieving the patient's pain. Therefore, until there is documented evidence of radiculopathy plus unresponsiveness to conservative treatment, the medical necessity for cervical epidural injections is not medically necessary.