

Case Number:	CM14-0058630		
Date Assigned:	07/14/2014	Date of Injury:	06/24/2011
Decision Date:	10/02/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 41 year-old female was reportedly injured on 6/24/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 6/5/2014, indicates that there are ongoing complaints of bilateral upper extremity pain. Physical examination demonstrated restricted cervical range of motion: flexion/extension 30, lateral bending 30-45 and rotation 45; tenderness to the right paravertebral muscles; motor strength 5/5 in upper extremities; decrease light touch sensation over the right C6 and C7 dermatomes; and normal gait without a device. An EMG/NCV study dated 8/22/2011 reveals evidence suggestive of a cervical radiculopathy involving the bilateral C5 and C6 nerve roots. An MRI of the cervical spine dated 11/8/2011 demonstrated straightening of cervical alignment, otherwise negative. Previous treatment includes chiropractic treatment, acupuncture, occupational therapy and medications. A request had been made for epidural steroid injection right C6-C7, which was not certified in the utilization review on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at right C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS treatment guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records documents chronic bilateral upper extremity pain since her work-related injury in 2011, with a normal MRI of the cervical spine 2011. Although electrodiagnostic studies suggest cervical radiculopathy, imaging studies fail to confirm the upper extremity pain is due to a cervical spine etiology. As such, this request is not considered medically necessary.