

Case Number:	CM14-0062121		
Date Assigned:	07/11/2014	Date of Injury:	07/05/2013
Decision Date:	08/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology and is licensed to practice in Texas, Ohio, and Maine. 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 36-year-old female who reported an injury on 07/05/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine. Treatment history included physical therapy, medications, and acupuncture. The injured worker underwent an MRI on 09/11/2013. It was documented that the injured worker had multilevel disc bulging causing neural foraminal narrowing. The patient was evaluated on 03/20/2014. It was documented that the patient had complaints of the cervical spine. Physical findings included tenderness to palpation of the cervical spinal musculature with restricted range of motion. The injured worker's diagnoses included cervical sprain/strain, lumbosacral sprain, and bilateral shoulder impingement. The request was made for a caudal epidural steroid injection on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fluoroscopic Cervical Epidural: Upheld

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

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

Decision rationale: The requested fluoroscopic cervical epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinically evidence radiculopathy corroborated by an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints; however, physical findings do not provide any evidence of radiculopathy that would benefit from an epidural steroid injection. Although the imaging study provided does indicate multilevel disc pathology, there are no correlative findings upon physical examination. Therefore, a cervical epidural steroid injection would not be indicated in this clinical situation. As such, the requested 1 fluoroscopic cervical epidural is not medically necessary or appropriate.

1 Neurologist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 6, page 163.

Decision rationale: The requested 1 neurologist consultation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations for patients who have complicated diagnoses that have failed to respond to all diagnostic and conservative treatments within the treating provider's scope of practice and additional expertise would be required for treatment planning. The clinical documentation does not provide any evidence of neurological deficits that would require evaluation by a neurologist. Therefore, it is unclear how additional expertise will contribute to the patient's treatment planning. As such, the requested 1 neurologist consultation is not medically necessary or appropriate.