

Case Number:	CM14-0065893		
Date Assigned:	07/11/2014	Date of Injury:	02/28/2011
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 62-year-old male was reportedly injured on February 28, 2011. The mechanism of injury was noted as lifting a heavy metal object. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of low back pain, right hip pain, left knee pain, left shoulder pain, and neck pain. Current medications include Norco, Soma, and temazepam, and Neurontin. The physical examination demonstrated tenderness over the midline of the cervical spine and normal cervical spine range of motion. The neurological examination indicated reduced sensation to light touch along the entire left upper extremity. Diagnostic imaging studies of the cervical spine revealed degenerative changes resulting in mild canal stenosis without cord compression at C3-C4 and C4-C5. There was also mild to moderate bilateral foraminal stenosis at C2-C3 and C5-C6. Previous treatment included lumbar spine epidural steroid injections and left knee steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection no level indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections include the presence of radiculopathy being documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured employee has an MRI of the cervical spine with mild degenerative changes and no evidence of potential neurological involvement. This does not corroborate with the physical examination findings indicating decreased sensation in the entire left upper extremity. Additionally, there is no documentation that the injured employee has failed improvement with physical therapy. For these reasons, this request for cervical spine epidural steroid injection is not medically necessary.