

Case Number:	CM14-0072261		
Date Assigned:	07/16/2014	Date of Injury:	09/28/2010
Decision Date:	08/28/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 injured worker is a 59 year-old male who was reportedly injured on 9/28/2010. The mechanism of injury is noted as a fall. The most recent progress note dated 4/7/2014, indicates that there are ongoing complaints of headaches, neck pain, dizziness, nausea, decreased concentration/sleep. Physical examination demonstrated tenderness with spasms of the cervical spine and decreased range of motion, ambulates with a cane. Neurological examination remains unchanged. Electromyogram/nerve conduction velocity dated 9/30/2013 showed evidence of mild bilateral carpal tunnel syndrome. Magnetic resonance image of the cervical spine dated 3/9/2013 demonstrated a 2-3 mm disk protrusion at C3-C4 with mild spinal stenosis. Previous treatment included a cervical epidural steroid injection at C6-C7 on 4/30/2013 with 60% relief for 2 months; physical therapy; and medications to include: Cymbalta, Tramadol and Ibuprofen. A request was made for one cervical transfacet epidural steroid injection and was not certified in the utilization review on 4/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical transfacet epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Review of the available medical records, fails to document any significant long-term improvement with the previous cervical epidural steroid injections. Furthermore, there were no electrodiagnostic findings consistent with a cervical radiculopathy. As such, the request of cervical transfacet epidural steroid injection is not medically necessary and appropriate.