

Case Number:	CM14-0076649		
Date Assigned:	07/18/2014	Date of Injury:	09/09/2010
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 51-year-old male who was reportedly injured on 9/9/2010. The mechanism of injury was noted as trip and fall. The most recent progress note, dated 4/8/2014, indicated that there were ongoing complaints of neck and right upper extremity pains. The physical examination demonstrated cervical spine positive tenderness of the paravertebral muscles, and spinous processes at C2, C3, C4, C5, C6, and C7. Muscle strength right upper extremity was 3/5. There was limited range of motion. Diagnostic imaging studies included a magnetic resonance image of the cervical spine, dated 10/14/2013, which reveals C2-C3 foraminal stenosis, C4-C5 central disc bulge, and C5-C6 central disc bulge. X-rays of the cervical spine, dated 2/28/2014, revealed C6-C7 Anterior cervical discectomy and fusion with instrumentation and small metal fragment identified as possible vascular clip. No instability on flexion/extension views. Previous treatment included previous surgery, physical therapy, and medications. A request was made for cervical spine x-rays (4) views, cervical epidural steroid injection right C7-T1 and was not certified in the pre-authorization process on 4/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine C/S X-RAYS 4 VIEWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: X-rays are recommended for subacute cervical and thoracic pain that is not improving, or chronic in nature. Patients with red flags such as dangerous mechanisms of injury, a greater than 65, and paresthesias in the extremities, subacute or chronic cervical thoracic pain shows they are not improving. After review of the medical records provided, it was noted the injured worker had recent cervical spine x-rays on 2/28/2014. There was no documentation of a recent injury, or red flag on physical exam. Therefore, this request is deemed not medically necessary.

CESI RIGHT C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule allows for 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. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there was no documentation of radiculopathy in the upper extremities. Therefore, this requested procedure is deemed not medically necessary.