

Case Number:	CM14-0080015		
Date Assigned:	07/18/2014	Date of Injury:	10/27/2012
Decision Date:	12/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and post-concussion syndrome reportedly associated with an industrial injury of October 27, 2012. In a Utilization Review Report dated May 28, 2014, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator stated that an undated cervical MRI had shown disk protrusions at C4-C5, C5-C6, and C6-C7 without compelling evidence of radiculopathy. It was not stated whether or not the request was a first-time request or a renewal request. The applicant's attorney subsequently appealed. A June 17, 2014 progress note is notable for comments that the applicant had ongoing complaints of neck pain, 6-7/10. The note was somewhat difficult to follow and mingled old complaints with current complaints. It was suggested in one section of the note that the applicant was working with a restricted schedule while other sections of the report suggested that the applicant was off of work. A third section of the report stated that the applicant was in the process of applying for State Disability Insurance (SDI)/Social Security Disability Insurance (SSDI). The note, again, was extremely difficult to follow owing to the attending provider's mingling of historical issues and current issues. Robaxin and Norco were apparently introduced. The applicant apparently received manipulative therapy on June 17, 2014 and June 27, 2014. It was stated that the applicant's primary pain generator was myofascial pain syndrome at this time. On July 23, 2014, the applicant stated that 8/10 neck pain with associated stiffness was appreciated. Trapezius pain was also noted with some tingling about the left hand and digits. In another section of the note, it was then stated that the applicant's tingling and paresthesias had resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, the documentation on file does not establish the presence of active radicular pain complaints for which cervical epidural steroid injection therapy could be considered. Several progress notes, referenced above suggested that the applicant's left upper extremity paresthesia/left hand numbness has resolved over time. Multiple progress notes referenced above, suggested that the applicant's residual symptoms were a result of cervical paraspinal tightness, trapezius tightness, and/or myofascial pain syndrome. It does not appear, thus, that the applicant in fact carries a bona fide diagnosis of cervical radiculopathy for which epidural steroid injection therapy could be considered. Therefore, the request is not medically necessary.