

Case Number:	CM14-0081731		
Date Assigned:	07/18/2014	Date of Injury:	04/03/2003
Decision Date:	10/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 58 year-old female was reportedly injured on 4/3/2003. The most recent progress note, dated 5/6/2014, indicates that there are ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine: flexion 40, extension 40, rotation 60 on the right, and 50 on the left. Shoulder: complaints of numbness in the fingertips in the left upper extremity. Impingement maneuvers cause back and shoulder pain. Cubital tunnel is retrograde to the neck bilaterally but not fingers. Decreased sensation in the thumb, index, middle, and ring finger. No recent diagnostic studies are available for review. Previous treatment includes cervical spine surgery, epidural steroid injection, medications, physical therapy and conservative treatment. A request had been made for cervical epidural steroid injection #2, and was not certified in the pre-authorization process on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection #2: 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: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of a significant reduction in pain including at least 50% pain relief with associated reduction of medication use for 6-8 weeks status post injection. After review of the medical records provided the injured worker states they obtained approximately one week of relief from the pain, and then the pain returned to the precise level. As such, the requested procedure is deemed not medically necessary.