

Case Number:	CM14-0083503		
Date Assigned:	07/21/2014	Date of Injury:	04/26/2006
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/05/2014

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 56-year-old female was reportedly injured on April 26, 2006. The mechanism of injury is noted as falling while jumping rope. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, and shoulder spasms. The physical examination demonstrated tenderness of the cervical facets at C3, C4, and C5 as well as on the right at C5. There was decreased sensation at the right upper extremity at C5. Diagnostic imaging studies of the cervical spine indicate left-sided neural foraminal narrowing at C3 - C4 and right-sided neural foraminal narrowing at C4 - C5. Previous treatment includes chiropractic care, physical therapy, epidural injections, trigger point injections, and Botox. A request was made for a transforaminal epidural steroid injection on the left at C4 - C5 and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, left C4-5 cervical spine: Upheld

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

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 includes the presence of radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request is for a left-sided injection while the injured employee was stated to have right sided radicular findings. Furthermore there is no evidence of any left-sided involvement at the C4-C5 level on MRI. For these reasons, this request for a transforaminal epidural steroid injection on the left at C4 - C5 is not medically necessary.