

Case Number:	CM14-0084028		
Date Assigned:	07/21/2014	Date of Injury:	07/19/1999
Decision Date:	09/10/2014	UR Denial Date:	05/28/2014
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 & Rehabilitation 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 injured worker is a 48-year-old female who reported an injury on 07/19/1999. The mechanism of injury was not provided. On 05/08/2014, the injured worker presented with chronic, severe pain in the neck with numbness and tingling in the hands. Upon examination, the injured worker was very anxious with severe pain. The cervical spine had limited range of motion, and the lumbar spine had limited range of motion with marked tenderness in the corresponding area in the facet joints and myofascial area. There was evidence of cervical radiculopathy. The diagnoses were hysterical with severe pain, crying, status post cervical disc herniation and fusion and recurring radiculopathy of the cervical spine. Prior therapy included medications. The provider recommended a steroid injection to the neck. The provider's rationale was not provided. The request for authorization form was dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines steroid injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Guidelines state that there is limited evidence to support invasive techniques such as steroid injections because they have no proven benefit for treating acute neck and upper back symptoms. A steroid injection to the neck would not be warranted. In addition, the provider's request did not indicate the number of injections to the neck in the request as submitted. As such, the request is not medically necessary and appropriate.