MAXIMUS Federal Services

Case Number:	CM14-0087358		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2013
Decision Date:	09/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 Texas and Ohio. 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 52-year-old male who reported an injury on 04/30/2013. The mechanism of injury was not provided. On 07/25/2014 the injured worker presented with left shoulder pain. Upon examination of the cervical spine there was tenderness to the C2 to C7 with 3+ muscle spasm and painful, restricted range of motion. The motor strength in the right arm was 2/5 to 4/5 and motor strength in the left arm was 3/5 to 4/5. There was tenderness in the left shoulder with painful range of motion. There was 4+ thoracic tenderness with muscle spasm and 3+ right knee tenderness with painful range of motion. The diagnoses were post traumatic neck pain, mid lower back pain, right knee pain and left shoulder pain. Prior therapy included surgery and medications. The provider recommended an outpatient cervical epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out Patient Cervical Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Page 46 web edition.

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

Decision rationale: The request for an outpatient cervical epidural steroid injection is not medically necessary. According to California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation shows the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated cervical spine tenderness in the C2 through C7 with muscle spasm and painful, restricted range of motion. There was 2/5 to 4/5 strength in the right arm and 3/5 to 4/5 strength in the left arm. More information is needed to address sensory deficits and results of a Spurling's test. There is absence of clear corroboration of radiculopathy by physical exam findings and imaging studies or electrodiagnostic test results. There was lack of documentation of the injured worker's failure to respond to conservative treatment, and documentation failed to show that the injured worker would be participating in an active treatment program following the requested injections. The provider does not indicate the levels being requested for this cervical epidural steroid injection, and does not indicate fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.