

Case Number:	CM14-0092228		
Date Assigned:	07/25/2014	Date of Injury:	03/29/2012
Decision Date:	09/26/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 Family 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 injured worker is a 55-year-old male who was injured on 03/29/12. The mechanism of injury is not described. The injured worker complains of pain in the neck with radiation to the bilateral upper extremities and pain in the elbow and hand. The injured worker is diagnosed with cervicalgia. Records indicate treatment has included medication management and acupuncture. Records reference an MRI of the cervical spine of unknown date which reportedly revealed a 1mm right sided disc protrusion without neural foraminal encroachment. Physical examination dated 04/02/14 notes limited range of motion (ROM) about the cervical spine and tenderness to palpation over the left superior trapezius. ROM of the left shoulder is reduced on flexion and abduction. There is tenderness to palpation over the posterior aspect of the shoulder. Most recent clinical note dated 05/07/14 notes the injured worker reports acupuncture helped with chronic neck and upper extremity pain. Physical examination of the cervical spine and left upper extremity reveals no change. This note indicates acupuncture is completed and includes a request for a cervical ESI at C7-T1. This request was denied by UR dated 06/09/14 citing insufficient information to support approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 OF 127.

Decision rationale: The request for a cervical epidural steroid injection at C7-T1 is not recommended as medically necessary. MTUS states the criteria for the use of ESIs includes failure to respond to conservative treatment and evidence of an active radiculopathy upon physical examination which is corroborated by imaging and/or electrodiagnostic studies. The records submitted for review do not indicate the injured worker has participated in physical therapy. There is no treatment notes submitted for review. Records do note the injured worker experienced relief with acupuncture. Records do not include a detailed physical examination which demonstrates evidence of an active radiculopathy. Records do not indicate the injured worker has diminished sensation or reflexes about the upper extremities. There are no imaging or electrodiagnostic studies submitted for review. Records reference an MRI of the cervical spine which is reportedly negative for nerve root compression or compromise. Based on the clinical information provided, medical necessity of a cervical epidural steroid injection is not established therefore the request for Cervical epidural steroid injection C7-T1 level is not medically necessary and appropriate.