

Case Number:	CM14-0092445		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2012
Decision Date:	10/08/2014	UR Denial Date:	06/07/2014
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 Physical Medicine & 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 52 year old gentleman was reportedly injured on May 2, 2012. The mechanism of injury is noted as a motor vehicle accident. The injured worker reports his knees were against the dashboard and when rear ended, he flew into the dashboard and got jerked all the way back to the door frame, adjacent to his seat; his knees smashed into the dashboard and struck his head in the metal door frame. Immediate pain in the head, neck, lower back and both knees was reported. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of cervical spine pain radiating down the left arm as well as migraine headaches, blurry vision, and dizziness. Current medications include Fioricet, Vicodin, and ibuprofen. No physical examination was performed on this date. The physical examination from March 13, 2013 demonstrated decreased cervical spine range of motion with pain, normal upper extremity neurological examination, and slightly diminish triceps reflex. Diagnostic imaging studies were not reviewed during this visit. Nerve conduction studies reveal bilateral carpal tunnel syndrome. Previous treatment includes oral medications. A request was made for a cervical spine epidural steroid injection and was not certified in the preauthorization process on June 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural injection: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that the criteria for epidural steroid injections include the presence of a radiculopathy that is corroborated by physical examination and objective studies. The physical examination of the injured employee does indicate that there is a decreased triceps reflex. However there are no cervical spine MRI results to corroborate this finding and there are findings of carpal tunnel syndrome on nerve conduction studies. Furthermore this request does not indicate which levels are intended to be injected. For these multiple reasons, this request for a cervical epidural steroid injection is not medically necessary.