

Case Number:	CM14-0092606		
Date Assigned:	07/25/2014	Date of Injury:	07/13/2000
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
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 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 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 58 year old gentleman was reportedly injured on July 13, 2000. The mechanism of injury is noted as lifting compressor off of pallet from ground weighing 100 pounds approximately most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of cervical spine pain. The injured employee was stated to have had a previous cervical spine epidural steroid injection on April 22, 2014 with a fifty percent reduction of cervical spine pain. The physical examination demonstrated decreased cervical spine range of motion and pain with facet loading, negative Spurling's test, and a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an ulnar nerve transposition, a right carpal tunnel release, and L5 to S1 intradiscal electrothermal coagulation (IDET), a l cubital tunnel decompression and ulnar nerve transposition, a right ulnar nerve transposition revision, disc replacement surgery, cervical spine discectomy and fusion, a right shoulder arthroscopy, a left shoulder arthroscopy, an arthroscopic chondroplasty, a first dorsal compartment decompression, a three level cervical spine fusion, a lumbar decompression and fusion, a right knee meniscectomy and chondroplasty, right wrist surgery, spinal cord stimulator trial, right wrist bone removal, spinal cord stimulator implant, lumbar disc fusion, and right wrist fusion. A request was made for the cervical spine epidural steroid injection at C7 to T1 and was not certified in the preauthorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI at C7-T1 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Invasive techniques.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

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 that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the medical records, there are no findings of a radiculopathy on the most recent physical examination dated May 8, 2014. Considering this, CESI at C7-T1 x 1 is not medically necessary.