

Case Number:	CM14-0093864		
Date Assigned:	07/25/2014	Date of Injury:	10/08/2008
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 records presented for review indicate that this 60-year-old male was reportedly injured on October 8, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 21, 2014, indicates that there are ongoing complaints of neck pain and right elbow pain. Current medications include Ultram, Tylenol, and Voltaren. The physical examination demonstrated mild to moderate tenderness over the spinous processes of the cervical and thoracic spine as well as the paraspinal muscles. Examination of the right elbow, notes tenderness over the previous surgical scar for an ulnar nerve release. There was a normal upper extremity neurological examination. Diagnostic nerve conduction studies revealed a mild right ulnar neuropathy at the level of the elbow. Previous treatment includes a cervical spine epidural steroid injection. A request was made for a cervical spine epidural steroid injection and C7 and was not certified in the pre-authorization process on June 12, 2014.

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: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines repeat blocks should be based on continued objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication usage for six to eight weeks time. The injured employee had previously received the cervical spine epidural steroid injection on November 17, 2013 which was stated to provide him 80% relief from November through April, however there is no documented associated functional improvement with decreased medication usage during this time. For this reason, this request for a cervical spine epidural steroid injection at C7 is not medically necessary.