

Case Number:	CM14-0004798		
Date Assigned:	01/24/2014	Date of Injury:	02/14/1991
Decision Date:	03/13/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71-year-old male who reported an injury on 02/14/1991. The mechanism of injury was not stated. The current diagnoses include cervical lesion and low back pain. The injured worker presented on 12/10/2013 with complaints of right shoulder pain and bilateral hand numbness. Upon examination, there was tenderness to palpation, spasm, limited flexion and extension, sacroiliac joint tenderness, spasm I the cervical paraspinal muscles, tenderness to palpation with limited flexion and extension, and suboccipital tenderness. Previous conservative treatment is noted to include physical therapy, medication management, Toradol injections, a shoulder injection and trigger point injections. Recommendations at that time included a Kenalog injection for the cervical spine. There was no request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

KENALOG INJECTION CERVICAL ROOT QTY: 1.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker does not maintain a diagnosis of cervical radiculopathy. There was no objective evidence of radiculopathy upon examination. There was also no mention of a recent attempt at conservative treatment in the form of physical methods. Given the above, the request is not medically appropriate at this time.