

Case Number:	CM14-0199641		
Date Assigned:	12/10/2014	Date of Injury:	06/01/2004
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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 63 year-old female, who was injured on June 1, 2004, while performing regular work duties. The mechanism is a repetitive strain injury. A primary treating physician progress report indicates physical findings of less tenderness bilateral trapezoids. On June 24, 2014, an evaluation by the primary treating physician indicates objective findings of less tenderness bilateral trapezoids, positive Tinnels sign bilateral hands, worse on the right side; and a request for authorization of trigger point injections, and a transcutaneous electrical nerve stimulator unit. On October 15, 2014, an evaluation indicates the injured worker complains of neck pain with numbness to both hands, and objective findings are noted as crying, emotional and poor posture, treatment is noted as Gapapentin 300 mg, and request of magnetic resonance imaging of the cervical spine. The records indicate a magnetic resonance imaging of the cervical spine was completed on October 27, 2014, which reveals suspected central and right paracentral annular tear contributing to mild right lateral recess encroachment and a very mild central stenosis in c6-7 spinal level. An evaluation on November 12, 2014, indicates the injured worker complains of "moderate to severe neck pain with both hand numbness and shoulder girdle pain", the physical findings were unchanged from a previous visit. The records do not support findings of radiculopathy. The records do not indicate failure of conservative treatments. The request for authorization is for a C6-7 interlaminar epidural steroid injection, and a pain management consultation. The primary diagnosis is brachial neuritis or radiculitis. On November 20, 2014, Utilization Review provided partial-certification of the pain management consultation x1, and non-certification of the C6-7 interlaminar epidural steroid injection, based on ACOEM, and MTUS, Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Interiaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The California MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that surgery is planned for this patient. C6-7 Interiaminal epidural steroid injection is not medically necessary.

Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004)-pp. 166-167

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Pain Management Consult is not medically necessary.