

Case Number:	CM15-0142506		
Date Assigned:	08/03/2015	Date of Injury:	12/01/2003
Decision Date:	09/04/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Family Practice

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 60 year old female with an industrial injury dated 12-01-2003. Her diagnosis/impression was mechanical axial neck with cervicogenic headaches, occipital neuralgia and degenerative changes cervical 4 through cervical 7, potentially facet mediated. Prior treatment included injection (epidural) lumbar 3-4 and lumbar 4-5 with 70-80% improvement, chiropractic treatments, physical therapy and medications. She presents on 06-08- 2015 with persistent neck pain, right greater than left. She had restricted motion and occipital pain. On examination her alignment was acceptable. She did have some restriction of cervical spine with pain on end range of motion which was made worse with extension. She was neurologically globally intact. Vascular examination was normal. The treatment plan was for referral to a pain specialist for precision injection cervical spine. The treatment request is for 1 referral to pain specialist for cervical spine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to pain specialist for cervical spine injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient receives treatment for chronic neck pain. The medical diagnoses include cervicogenic headaches, occipital neuralgia, and cervical denerative disc disease with athropathy. This review addresses a request for a referral to a pain specialist for a cervical spine injection. The patient received treatment with chiropractic, physical therapy, and medications. On physical exam, there are no radicular physical findings. Pain was reported during the ROM portion of the physical exam. There was no documentation of electrophysiologic testing or imaging showing a radiculopathy. Based on the documentation an epidural steroid injection is not medically indicated.