

Case Number:	CM14-0001002		
Date Assigned:	01/22/2014	Date of Injury:	05/26/2000
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in California and 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 injured worker sustained an injury to her neck on 05/26/00. The mechanism of injury was not documented. The injured worker continues to complain of constant neck pain with worsening migraine headaches. The injured worker returned to work, but experienced increased difficulties and inability to perform her work duties secondary to pain. Physical examination noted multiple myofascial trigger points; tenderness in the bilateral trapezius; cervical range of motion restricted in all planes. Treatment to date has included Botox trigger point injections and cervical epidural steroid injections that have provided some benefit. The injured worker was diagnosed with psychosocial stresses, migraines and cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7, C7-T1 CERVICAL EPIDURAL STEROID INJECTION INTERLAMINAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Corticosteroid And Epidural Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The previous request was denied on the basis that the current documentation did not support the radicular diagnosis, either subjectively or objectively. The injured worker's

pain levels have remained the same without any indication of continued objective pain and functional improvement. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Therefore, given the clinical documentation submitted for review, the request for C6-7 and C7-T1 cervical epidural steroid injection interlaminar is not medically necessary and appropriate.