

Case Number:	CM14-0143724		
Date Assigned:	09/12/2014	Date of Injury:	08/20/1995
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation, has a subspecialty in Pain 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 61-year-old female with a date of injury on August 20, 1995. The diagnoses include chronic neck pain, cervical disc disease, and cervical radiculopathy. The injured worker has been treated with massage, chiropractic, and physical therapy in the past. There is documentation that the patient was on high dose opiates and developed dependence and was switched to Buprenorphine. The disputed issue is a request for cervical epidural steroid injection at C7-T1. A utilization review had noncertified this request, stating that there was no demonstrated will pathology at this level on cervical MRI, and objective findings did not suggest radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One C7-T1 cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: In this case, there are subjective findings are consistent with cervical radiculopathy, but objective findings of radiculopathy not noted. Specifically, in a progress note on 7/25/2014, there is documentation of normal motor examination, normal sensory examination, negative Spurling's maneuver, and upper extremity deep tendon reflexes are normal. The cervical spine examination is notable for restriction in range of motion in all directions. However this examination is not suggestive of radiculopathy despite of the complaints of pain radiating down the left upper extremity. The Chronic Pain Medical Treatment Guidelines specify that there must be objective documentation of radiculopathy for epidural injections. This request is not medically necessary.