

Case Number:	CM14-0026037		
Date Assigned:	06/13/2014	Date of Injury:	09/17/2012
Decision Date:	09/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation 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 40 year old female with multiple reported dates of injury (at least three) beginning on February 06, 2011 through September 17, 2012. The mechanism of injury is described as a pushing event involving a two hundred pound defendant while performing routine duties as a bailiff in a courtroom. The diagnoses are listed as cervicalgia without radiculopathy, lumbago, and joint pain in the forearm, arm, and shoulder. The injury resulted in acute pain to the low back, neck, right shoulder, hand, and right elbow. Treatment has included physical therapy, chiropractic care, acupuncture and massage. All noted as beneficial. Inflammatory pain medications, hot/cold packs, ultrasound and a Transcutaneous Electrical Nerve Stimulation (TENS) unit are also noted as part of her treatment. Imaging studies are not available for this review. Intramuscular injections of Toradol, Marcaine, and vitamin B-12 complex to the right shoulder provided significant relief according to the a treatment noted dated December 04, 2013. The injured worker is noted to have a thyroid condition requiring a routine dosage of Synthroid 137mcg. The treating orthopedist has made a referral for consultation with pain management for possible cervical epidural steroid injection which was denied on a prior utilization review determination dated January 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN MANAGEMENT FOR POSSIBLE CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is considered not medically necessary according to guidelines and based on the available clinical information. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is little to no evidence of lumbosacral radiculopathy (radiating pain in a dermatomal distribution in the lower extremities). There is no record of imaging studies to demonstrate nerve root compression. There is little to no evidence of prior trial and failure of conservative management such as physical therapy (i.e. no progress notes are available for review).