

Case Number:	CM14-0094312		
Date Assigned:	09/12/2014	Date of Injury:	11/16/2012
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 records, presented for review, indicate that this 70-year-old female was reportedly injured on November 16, 2012. The most recent progress note, dated July 31, 2014, indicated that there were ongoing complaints of neck pain radiating to the left upper extremity with numbness and tingling. The physical examination demonstrated a slight decrease and left shoulder abduction at 4/5 and decreased sensation at the left first, second and third digits. There was a positive Spurling's test to the left. Diagnostic imaging studies of the cervical spine revealed osteophytes from C3 to C7 with narrowing of the left C6 neural foramen and in the bilateral C7 neural foramen. Previous treatment included physical therapy, acupuncture, shoulder injections, trigger point injections, and cervical spine epidural steroid injections. A request had been made for a left sided C5-C6 transforaminal epidural steroid injection and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 transforaminal epidural steroid injection with IV sedation: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, repeat injections should only be pursued if previous injections provided at least 50% pain relief with associated reduction of medication usage for 6 to 8 weeks. A review of the attached medical record indicates that the injured employee has had previous treatment with cervical spine epidural steroid injections most recently performed in April 2013. However, there is no documentation regarding objective pain relief from this procedure or for how long pain relief had lasted. Considering this, the request for a left C5-C6 transforaminal epidural steroid injection is not medically necessary.