

Case Number:	CM14-0099801		
Date Assigned:	07/28/2014	Date of Injury:	04/15/2004
Decision Date:	10/01/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 injured worker is a 46-year-old gentleman who was reportedly injured on April 15, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 31, 2014 indicated that there were ongoing complaints of cervical spine pain radiating to the left upper extremity. Current medications include Norco. The physical examination demonstrated muscle strength of 5/5 in the bilateral upper extremities. Diagnostic imaging studies of the cervical spine showed a moderate disc extrusion at C7-T1 with a mass effect upon the right sided C8 nerve root. There is also a disc bulge at C5-C6 impressing upon the bilateral C6 nerve roots, a bulge at C6-C7 with a mass effect on the left C7 nerve root, a protrusion at C3-C4 with a mass effect on the left C4 nerve root and a very small lateral protrusion at T1-T2 without neural effacement. Previous treatment included oral medications. A request was made for T1-T2 interlaminar epidural steroid injection and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

T1-T2 Interrlaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record, there are no findings of a radiculopathy on physical examination that correlate with the injured employee's complaints or the objective findings on magnetic resonance image, particularly at the T1-T2 level. As such, this request for a T1-T2 interlaminar epidural steroid injection is not medically necessary.