

Case Number:	CM14-0038511		
Date Assigned:	06/27/2014	Date of Injury:	01/20/2011
Decision Date:	02/11/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 43 year old male who sustained a work place injury on 01/20/11. The clinical note from 03/06/14 was reviewed. The mechanism of injury was fall from a 20 feet platform. He was diagnosed with post traumatic head syndrome with headaches, memory difficulty and insomnia. His symptoms included headache, sleep difficulty, jaw locking, ringing in the right ear, neck pain, left shoulder weakness, left knee pain and swelling, left wrist pain and left elbow pain. Medications included Norco. Pertinent examination findings included limited range of motion of cervical spine to a flexion of 25 degrees, extension of 20 degrees, and lateral rotation to 70 degrees on the right and 65 degrees on the left. Sensory and motor exams were intact except decreased grip strength in left upper extremity and deep tender reflexes were symmetric. The spine specialist note from 03/06/14 was also reviewed. Her complaints included headache, dizziness, nausea, constant neck pain radiating down the left upper extremity, constant low back pain, left shoulder pain and left knee pain. An MRI of the cervical spine from 04/19/11 showed facet disease causing trace right neural foraminal narrowing at C4-C5 and left neural foraminal narrowing at C3-C4. His pertinent diagnosis was left cervical radiculopathy. The request was for cervical spine epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Overturned

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 Epidural steroid injections Page(s): 46.

Decision rationale: The employee was a 43 year old male who sustained a work place injury on 01/20/11. The clinical note from 03/06/14 was reviewed. The mechanism of injury was fall from a 20 feet platform. He was diagnosed with post traumatic head syndrome with headaches, memory difficulty and insomnia. His symptoms included headache, sleep difficulty, jaw locking, ringing in the right ear, neck pain, left shoulder weakness, left knee pain and swelling, left wrist pain and left elbow pain. Medications included Norco. Pertinent examination findings included limited range of motion of cervical spine to a flexion of 25 degrees, extension of 20 degrees, and lateral rotation to 70 degrees on the right and 65 degrees on the left. Sensory and motor exams were intact except decreased grip strength in left upper extremity and deep tendon reflexes were symmetric. The spine specialist note from 03/06/14 was also reviewed. Her complaints included headache, dizziness, nausea, constant neck pain radiating down the left upper extremity, constant low back pain, left shoulder pain and left knee pain. An MRI of the cervical spine from 04/19/11 showed facet disease causing trace right neural foraminal narrowing at C4-C5 and left neural foraminal narrowing at C3-C4. His pertinent diagnosis was left cervical radiculopathy. The request is medically necessary for cervical spine epidural injection.