

Case Number:	CM15-0019049		
Date Assigned:	02/06/2015	Date of Injury:	03/06/2014
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 03/06/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervicalgia, cervical spine herniated nucleus pulposus, cervical radiculopathy, bilateral shoulder sprain, bilateral shoulder tenosynovitis, bilateral elbow sprain, bilateral wrist sprain, bilateral De Quervain's tenosynovitis, right hand neuroma, thoracic spine pain, thoracic spine herniated nucleus pulposus, lumbago, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, bilateral knee sprain, bilateral ankle sprain and bilateral foot sprain. The latest physician progress report submitted for review is documented on 11/11/2014. The injured worker presented with complaints of 6/10 moderate to severe neck pain with associated numbness and tingling in the bilateral upper extremities. Upon examination, there was hyperlordosis noted with a left lateral head tilt. There was 2+ tenderness to palpation at the suboccipital muscles, scalenes, and over the sternocleidomastoid muscles. Range of motion was documented at 25 degrees flexion, 15 degrees extension, 30 degrees left rotation, 45 degrees right rotation, 20 degrees left lateral flexion and 25 degrees right lateral flexion. Cervical distraction and maximal foraminal compression testing were positive bilaterally. Recommendations at that time included electrodiagnostic studies, an orthopedic surgeon evaluation, chiropractic treatment, acupuncture, and a pain management evaluation for epidural steroid injections for the cervical spine. There was no request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radiculopathy. Radiculopathy must be documented upon examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is documentation of symptoms of radiculopathy upon examination. However, there were no imaging studies or electrodiagnostic reports submitted for this review. There was also no mention of a recent exhaustion of conservative treatment for the cervical spine to include active rehabilitation. The specific level at which the epidural steroid injection will be administered was not listed in the request. Given the above, the request is not medically appropriate.