

Case Number:	CM14-0009882		
Date Assigned:	02/21/2014	Date of Injury:	02/03/2009
Decision Date:	07/02/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 56 year old male who reported an injury on 02/03/2009 due to car accident. The injured worker complained of neck and back pain proceeded by severe back spasms. On physical examination the injured worker presented with normal strength of lower extremities, normal deep tendon reflexes of lower extremities, and normal sensation to light touch and pinprick. The straight leg raise or Spurling's test was positive. The injured worker has a current diagnosis of cervical spondylosis. The injured worker had a bilateral C-3, C-4, and C-5 medial branch block on 06/21/2013. The injured worker was prescribed tramadol and flexeril, as needed for pain. The current treatment plan is for cervical epidural steroid injection C7-T1 quantity 1. There was not a rationale or request for authorization for 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 C7-T1 QUANTITY 1: 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 ESI Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection C7-T1 quantity one is not medically necessary. The injured worker reported an injury on 02/03/2009. He had a history of severe back pain and a bilateral C-3, C-4, and C-5 medial branch block. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that radiculopathy must be documented by objective findings on examination, corroborated by imaging studies and/or electrodiagnostic testing, and that the patient should be initially unresponsive to conservative treatment . There was no independent magnetic resonance imaging (MRI) of the cervical spine submitted for review to demonstrate findings to support the presence of radiculopathy. There was lack of evidence of radiculopathy signs and symptoms on all physical examination documentation that was provided. There is lack of documentation of physical therapy, exercises, and no clear history of Non-steroidal anti-inflammatory drugs or muscle relaxants. Therefore the request for cervical epidural steroid injection C7-T1 quantity one is not medically necessary.