

Case Number:	CM14-0103064		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2004
Decision Date:	12/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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:

Patient is a 61 year-old male with date of injury 03/14/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/13/2014, lists subjective complaints as neck and shoulder pain. MRI of the cervical spine performed on 06/13/2014 was notable for a solid fusion from C3-T1, multi-level severe foraminal stenosis right greater than left, severe left T1-2 foraminal stenosis and right T2-T3 foraminal stenosis related to degenerative facet arthropathy and loss of disc height. Objective findings: No physical examination was documented by the provider. Report simply said, "Unchanged since last visit." Diagnosis: 1. Shoulder joint pain 2. Neck pain 3. Brachial neuritis 4. Rotator cuff shoulder syndrome and allied disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C6-7: 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 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no plan for the patient to go to surgery at this time. Cervical ESI C6-7 is not medically necessary.