

Case Number:	CM14-0109588		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2011
Decision Date:	11/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Interventional Spine 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 patient is a 48 year old male with an injury date on 03/15/11. Based on the 05/22/14 progress report provided by [REDACTED] the patient complains of continued neck pain that is worst on the right than the left. Cervical physical exam show multiple tender points with taut band and trigger point pain. Spurling's maneuver report positive and cervical ROM caused pain down to the right arm. There were no other significant findings noted on this report. His diagnoses include the following: 1. Cervical Stenosis 2. Cervical Radiculopathy 3. Status Post Right Shoulder Surgery [REDACTED] [REDACTED] is requesting for cervical spine epidural steroid injection C4-5. The utilization review denied the request on 06/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/14 to 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Injection C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 05/22/14 report by [REDACTED], this patient presents with neck pain that radiates to upper extremities. The treater is requesting C4-C5 Epidural steroid injection. Review of the reports does not mention prior ESI. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient has neck pain that radiates into the right upper extremity. Exam findings were positive for sensory changes at C4-5. However, no report of EMG or MRI is provided in the record to demonstrate a diagnosis of radiculopathy as required by MTUS. MTUS further states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Recommendation is for denial.