

Case Number:	CM14-0017702		
Date Assigned:	04/16/2014	Date of Injury:	09/18/2005
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 has a subspecialty in Preventive 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 72 year-old male with date of injury 09/18/2005. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/23/2014, lists subjective complaints as the patient's worst pain is in the left upper extremity radiating to the hand and into the left occiput which causes severe headaches each day. Objective findings: Examination of the cervical region revealed decreased range of motion and 4/5 motor strength on the left upper extremity. A sensory decrease was noted on the left C6-C8. Examination of the lumbar spine revealed tenderness to palpation of the sacroiliac joint and lumbosacral musculature. The rest is illegible due to a handwritten note. Diagnosis: 1. Cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (TRANSFORAMINAL) C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 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 documentation that this patient is a candidate for surgery or any specific nerve root procedure mentioned. The request for Cervical Epidural Steroid Injection (Transforaminal) C7-T1 is not medically necessary.