

Case Number:	CM14-0125083		
Date Assigned:	08/11/2014	Date of Injury:	10/25/2009
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Nevada. 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 records, presented for review, indicate that this 31-year-old gentleman was reportedly injured on October 25, 2009. The mechanism of injury was noted as hitting his head on a ceiling fan. The most recent progress note, dated June 30, 2014, indicates that there were ongoing complaints of neck pain, leg pain, and headaches. The physical examination demonstrated decreased cervical spine range of motion and a normal neurological examination. Diagnostic imaging studies of the cervical spine indicate degenerative disc disease at C4-C5 and C5-C6. Previous treatment included acupuncture and physical therapy. A request had been made for cervical spine epidural steroid injections and was not certified in the pre-authorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections bilateral C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record, there are no findings of a radiculopathy on physical examination nor were there any imaging studies indicating neurological impingement. Considering this, the request for a cervical spine epidural steroid injection at C5-C6 is not medically necessary.