

Case Number:	CM14-0130606		
Date Assigned:	08/20/2014	Date of Injury:	12/03/2007
Decision Date:	09/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery 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 58 year old male with an industrial injury dated 12/03/07. Exam note 08/11/14 states the patient returns with neck pain that is radiating down the bilateral upper extremities. The patient states that the neck pain has improved with acupuncture. Physical exam demonstrated the patient did have spasms in the paraspinal muscles, and there was spinal vertebral tenderness on the cervical spine at C3-T2. There was also tenderness upon palpation at the left trapezius muscle, and occipital tenderness upon the palpation on the left side. The range of motion was noted as limited with a flexion of 60 degrees, and extension of 20 degrees. The patient was diagnosed with cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, medication related dyspepsia, and chronic pain syndrome. Treatment includes a home exercise program, a continuation of medications, and a cervical epidural at bilateral C4-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at Bilateral C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 states "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 8/11/14 do not demonstrate a radiculopathy that is specific to a dermatomal pattern on physical exam consistent with a C5/6 radiculopathy. In addition there is lack of evidence of failure of conservative care. Therefore, the request is not medically necessary.