

Case Number:	CM14-0152224		
Date Assigned:	09/22/2014	Date of Injury:	09/26/1997
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 59 year old female who sustained a work injury on 9-26-97. Office visit on 8-20-14 notes the claimant reports more pain in the shoulder and left arm in addition to neck pain. The claimant has tingling sensation radiating to the wrist. Range of motion of the cervical spine is restricted. Spurling test to the left is positive. Grip strength on the left was 4/5. The claimant had an epidural steroid injection on 4-14-14 at C5-C6 with reported at least 75% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Catheter Directed Cervical Epidural Steroid Injection, Bilateral C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Epidural Steroid Injections (ESIs).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that in order to perform an epidural steroid injection, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Prior epidural steroid injection reported improvement of at least 75% without documentation of the specific improvement, as no

decrease in symptoms or medications documented. Additionally, there is an absence in documentation noting that this claimant has current signs of radiculopathy on exam. Therefore, the medical necessity of this request is not established.