

Case Number:	CM14-0156169		
Date Assigned:	09/25/2014	Date of Injury:	12/24/1989
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

An 8/8/14 note indicates pain in the cervical region. The insured reports radicular pain and paresthesias down the left arm. There is weakness reported in the left arm. Examination notes the strength is 5/5 in all muscle groups with positive Lhermitte's sign and positive spurling's sign. The sensation is reduced over the C4-5. 8/19/14 MRI reports multilevel DJD with changes of laminoplasty on right from C3-4 to C6-7. There is severe left foraminal stenosis reported at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Cervical Epidural Steroid Injections under fluoroscopy with supplies and sedation:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation The American Academy of Neurology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, epidural

Decision rationale: The medical records demonstrate physical exam findings of radiculopathy that are corroborated by MRI. However, ODG guidelines do not support series of 2 ESI. A

second ESI is not supported if a first ESI is not effective. As such 2 cervical ESI would not be supported under ODG guidelines.