

Case Number:	CM14-0159634		
Date Assigned:	10/03/2014	Date of Injury:	01/01/2001
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This injured worker is a 59 year old man involved in a work related injury from 1/1/01. The injured worker had a shoulder injury which was surgically treated as well as cervical spine injury which was also surgically treated with a fusion. The injured worker was seen in 8/14, noting ongoing neck pain and pain with cervical range of motion. The injured worker also noted numbness and tingling in the right upper extremity. The injured worker was using morphine and Norco for pain control. On exam, there is paracervical tenderness and decreased range of motion. There was no reference to any focal neurological changes in the upper extremities. No magnetic resonance imaging (MRI) was provided, as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural steroid injection: Upheld

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

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

Decision rationale: The requested service is not seen to be medically indicated at this time. From the Medical Treatment Utilization Schedule (MTUS): "Note: The purpose of an epidural

steroid injection (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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available data does not support an active radiculopathy. There are no objective findings to support radiculopathy. There is no magnetic resonance imaging (MRI) or electrodiagnostic testing results. The level for the injection is not indicated. Given this clinical data, the request is not medically necessary.