

Case Number:	CM14-0021657		
Date Assigned:	06/11/2014	Date of Injury:	01/25/2000
Decision Date:	07/14/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The injured worker is a 63-year-old male who sustained an injury to his neck on 01/25/2000 while lowering food to the ground on a tailgate, the 350 pound food cart fell onto him when the tailgate gave out. Treatment to date has included consultations with specialists, medications, x-rays, magnetic resonance imaging (MRIs), injections, facet blocks and physical therapy. The injured worker complained of occasional slight pain on the left side of the neck and minimal on the right. Pain in his left shoulder is intermittent, aching and moderate. Physical examination noted loss of range of motion in the left lateral flexion and left rotation; sensation grossly normal; motor strength normal bilaterally; normal gait and posture. MRI the cervical spine reportedly revealed a 3 mm disc herniation at C5-6 and 2 mm disc herniation at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL C5-C7 EPIDURAL STEROID INJECTION (AS AN OUTPATIENT):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for one cervical C5-6 and C6-7 epidural steroid injection (as an outpatient) is not medically necessary. The previous request was denied on the basis that there was no way to know whether at this juncture, the injured worker needs an epidural steroid injection. The most recent examination was over 10 months ago and it is uncertain what the injured worker's current status is. The Chronic Pain Medical Treatment Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging studies provided did not correlate with recent physical examination findings that would indicate an active radiculopathy at the C5-6 and C6-7 levels. Given the clinical documentation submitted for review, medical necessity of the request for one cervical C5-6 and C6-7 epidural steroid injection (as an outpatient) has not been established.