

Case Number:	CM14-0025426		
Date Assigned:	06/11/2014	Date of Injury:	03/15/2011
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation, 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 injured worker is a 47-year-old who reported an injury on March 15, 2011. The mechanism of injury was not specifically stated. Current diagnoses include cervical stenosis, cervical radiculopathy, and status post right shoulder surgery. The injured worker was evaluated on May 22, 2014 with complaints of neck pain and activity limitation. Previous conservative treatment includes rest, activity modification, acupuncture, electrical stimulation, medication management, and physical therapy. Physical examination revealed multiple tender points with taut bands and trigger points throughout the cervical thoracic musculature bilaterally, positive Spurling's maneuver, and decreased brachioradialis reflex on the right. Treatment recommendations included a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL CORTICOSTEROID INJECTION UNDER FLUOROSCOPY (LEVEL NOT INDICATED): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation submitted, the injured worker has been previously treated with an extensive amount of conservative treatment. However, there were no imaging studies provided for this review to corroborate a diagnosis of radiculopathy. The specific level at which the cervical epidural corticosteroid injection will be administered was not listed in the request. The request for outpatient cervical epidural corticosteroid injection under fluoroscopy (level not indicated) is not medically necessary or appropriate.