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| Case Number: | CM14-0030919 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/31/2012 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

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 Orthopedic Surgery 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:

52-year-old male claimant with reported 10/31/12 date of injury. Mechanism of injury is not provided on available documentation. Diagnoses per available reports are herniated disc, cervical pain, and cervical radiculitis. The 12/4/13 EMG/NCV showed no evidence of cervical radiculopathy. 12/20/12 MRI scan cervical spine noted no evidence of nerve root compression or impingement. Prior treatment has included PT for 6 weeks' time; Exam note from 12/2/14 demonstrates patient has neck and arm pain. I have requested authorization for surgery, which is an anterior decompression and fusion -6. The adjustor has told our office that she will not authorize surgery unless further conservative treatment has been done. The patient has had 6 weeks of physical therapy to her neck. Examination noted 70 degrees flexion and extension. There is positive Spurling's and head compression. Request is for Transforaminal Cervical Epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Cervical ESI C5-C6 X 1: Upheld

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

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

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case, the exam note from 12/2/14 does not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. Therefore the determination is for is considered not medically necessary.