

Case Number:	CM14-0032950		
Date Assigned:	06/20/2014	Date of Injury:	03/23/2011
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 General Preventive Medicine 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 employee is a 52 year-old male who had a truck road accident in March 2011 and sustained injuries to his neck and right shoulder. He has been diagnosed with cervical radiculopathy with myofascial pain and trigger points in the cervical neck area. He has tried work modification, rest, medication trials, physical therapy, trigger point injections, and facet joint injections. All of those treatment modalities have not improved his pain. The treating physician had requested an epidural steroid injection which was denied during a UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (ESI) RFA 1-14-14 Quantity: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Treatment Integrated Treatment Disability Duration Guidelines.

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

Decision rationale: The above cited guidelines state that epidural steroid injection (ESI) is recommended if radiculopathy can be documented by physical exam and corroborated by imaging studies, and if the employee is unresponsive to conservative treatment. The utilization

review stated there were incomplete records which did not show evidence of radiculopathy, and so did not recommend the ESI. However, the treating physician's note dated 02/19/2014 stated that the employee has ongoing neck pain including a radiating, burning pain in his arms and first 3 digits there is also evidence of right C6 radiculopathy per electro-diagnostic study performed on 10/30/13. He has had trials of work modification, rest, medication trials, physical therapy, trigger point injections, and facet joint injections. Therefore, ESI is medically necessary.