

Case Number:	CM14-0033083		
Date Assigned:	06/20/2014	Date of Injury:	07/31/2009
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old male who sustained an injury to his low back on 07/31/09 due to cumulative trauma while performing his usual and customary duties. The patient was status post posterior cervical laminectomy in 2009 and subsequent C5 through C7 anterior cervical disc fusion dated 02/02/12. CT scan of the cervical spine dated 10/08/12 revealed C5 through C7 instrumentation and C7 through T1 posterior osteophytes, left neural foraminal stenosis and facet arthropathy. Physical examination noted cervical range of motion full; 2+ bilateral upper extremities deep tendon reflexes; normal strength; sensation intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at levels C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 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: The request for cervical epidural steroid injection at levels C4-5 and C5-6 is not medically necessary. Previous request was denied on the basis there was no documentation of symptoms or physical findings of C4 through C6 poly radiculopathy. Furthermore, there was

no imaging study corroborating the presence of a C4 through C6 poly radiculopathy. The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request is not indicated as medically necessary.