

Case Number:	CM14-0033449		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2007
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurological 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:

The injured worker is a 47-year-old male who was reportedly injured on July 20, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 4, 2014, indicates that there were ongoing complaints of neck and upper extremity pains. The physical examination demonstrated sensory changes in the distal upper extremity, some low back complaints with associated muscle spasm and other changes. The pain level was described as 8/10. Diagnostic imaging studies were not presented for review. Previous treatment included cervical epidural steroid injection and some relief was noted. A request had been made for cervical epidural steroid injection and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION, ANESTHESIA C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: Per CA MTUS guidelines, epidural steroid injections are supported when there is objectification of a verifiable radiculopathy and noted on electrodiagnostic testing. From the documentation submitted for review, it is noted that there were some sensory changes on physical examination. However, there is no electrodiagnostic evidence of a verifiable radiculopathy presented for review. Based on the parameters presented in the progress notes by the California MTUS, the request for cervical Epidural Steroid Injection, at C5-C6 is not medically necessary.