

Case Number:	CM14-0060650		
Date Assigned:	07/09/2014	Date of Injury:	12/28/2013
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 54 year old male who sustained injury to his neck on 12/28/13. The mechanism of injury was not documented. MRI of the cervical spine reportedly revealed disc protrusion and stenosis at C6-7. Treatment to date included physical therapy, Medrol DosePak, work restrictions, and activity modifications. Clinical note dated 04/07/14 reported that the injured worker had no focal neurological deficits on physical examination, no radicular complaints/findings and the diagnosis was axial neck pain. The injured worker was recommended for additional conservative treatment and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection spine cervical/thoracic: Upheld

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

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

Decision rationale: The request for injection cervical spine/thoracic spine is not medically necessary. Previous request was denied on the basis that there were no positive neurological findings as per most recent clinical note. While the treating physician recommended an epidural,

his diagnosis was axial back pain and not radiculopathy, which contradicts doing an epidural per CAMTUS criteria. CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the level/laterality was not specified in the request. Given this, the request is not indicated as medically necessary.