

Case Number:	CM14-0071559		
Date Assigned:	07/16/2014	Date of Injury:	08/02/2013
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/17/2014

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 Orthopedic Spine Surgery 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 59-year-old male who reported an injury on 08/02/2013. The mechanism of injury was not stated. Current diagnosis is cervical spondylosis. The injured worker was evaluated on 04/29/2014. The injured worker reported persistent neck pain with radiation into the bilateral upper extremities. Previous conservative treatment includes a cervical epidural steroid injection. Physical examination revealed limited cervical range of motion, normal motor strength, decreased pinwheel sensation in the C7 distribution on the left, and diminished triceps reflex on the right. Treatment recommendations at that time included a cervical epidural steroid injection at C5-6 and C6-7. It is also noted that the injured worker underwent an MRI of the cervical spine on 01/23/2014 which indicated severe right and moderate left foraminal stenosis at C5-6 and moderate to severe bilateral foraminal stenosis at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. It is also noted that the injured worker has been previously treated with a cervical epidural steroid injection. However, there was no evidence of objective functional improvement following the initial injection. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.