

Case Number:	CM14-0084252		
Date Assigned:	07/21/2014	Date of Injury:	08/20/2011
Decision Date:	09/23/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine and Rehabilitation 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 56 year old female whose date of injury is 08/20/2011. The mechanism of injury is described as lifting a heavy gate. Treatment to date includes cervical fusion C3-C7 on 07/19/13 and medication management. Follow up note dated 04/16/14 indicates that the injured worker has not received any benefit from surgery. On physical examination there is tenderness to palpation of the bilateral posterior cervical musculature. There is decreased range of motion. Deep tendon reflexes are 2/4 bilaterally. Strength is rated as 3/5 in the left upper extremity and 4/4+/5 in the right upper extremity. Sensation is decreased along the lateral arm and forearm in about the C5-6 distribution bilaterally. Assessment notes cervical postlaminectomy syndrome status post anterior cervical disectomy fusion at C3-7, lumbar myoligamentous injury with left lower extremity radicular symptoms, and medication induced gastritis. The injured worker underwent trigger point injections on this date. Computed tomography of the cervical spine dated 04/30/14 revealed at C5-6 there is solid osseous bridge. At the level of the fusion there is no central canal or neural foraminal narrowing. Agreed medical examination dated 06/02/14 indicates that the injured worker may be a candidate for revision of the prior neck fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection Left C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Based on the clinical information provided, the request for cervical epidural steroid injection left C5-6 is not recommended as medically necessary. There is no indication that the injured worker has undergone any recent active treatment. The submitted cervical computed tomography scan fails to document any significant neurocompressive pathology at the requested level as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. Therefore, medical necessity for the requested cervical epidural steroid injection left C5-6 cannot be established in accordance with CA MTUS guidelines.