

Case Number:	CM14-0095379		
Date Assigned:	07/25/2014	Date of Injury:	11/22/2000
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records presented for review indicate that the injured worker is a 59-year-old gentleman was reportedly injured on November 22, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of cervical spine pain. The injured employee stated that current neck pain has been present since surgery in 2012. The physical examination demonstrated full cervical spine range of motion and no spasticity. Diagnostic imaging studies of the cervical spine revealed a prior interbody fusion and plating at C5 through C7. There was minimal narrowing of the left foramen at C6 - C7 and mild spondylosis at C4 - C5. Previous treatment includes a cervical fusion from C5 through C7 and an epidural steroid injection on the left at C6 - C7. A request had been made for a cervical spine steroid injection and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the most recent progress note dated May 21, 2014, there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for a cervical spine epidural steroid injection is not medically necessary.