

Case Number:	CM13-0000832		
Date Assigned:	11/01/2013	Date of Injury:	04/18/2013
Decision Date:	04/03/2015	UR Denial Date:	06/20/2013
Priority:	Standard	Application Received:	06/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 04/08/13. He reports cervical-thoracic pain radiating to the left shoulder. Diagnoses include C5-6 cervical degenerative disc disease, C5-6 paracentral left herniation, effacement and displacement of the traversing nerve root, and left upper extremity radiculitis. Treatments to date include medications and therapy. In a progress report dated 06/06/13 the treating provider recommends a Cervical ESI. Physical findings are essentially normal. On 06/20/13 Utilization Review non-certified the ESI, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL EPIDURAL STEROID INJECTION C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.