

Case Number:	CM14-0017448		
Date Assigned:	04/14/2014	Date of Injury:	03/01/2007
Decision Date:	03/06/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/11/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on March 1, 2007. The diagnoses have included cervical radiculopathy. Treatment to date has included cervical epidural steroid injections which are noted to have helped. In a note dated October 7, 2014 the provider noted the injured worker had a positive Spurling's maneuver with limited range of motion. On January 27, 2014 Utilization Review non-certified a cervical epidural steroid injection, right C5-C6, noting Medical treatment utilization schedule (MTUS) guidelines was cited. On January 17, 2014, the injured worker submitted an application for IMR for review of cervical epidural steroid injection, right C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION, RIGHT C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant received an unknown amount of prior injections. The request for additional cervical epidural steroid injections is not medically necessary.