

Case Number:	CM14-0190931		
Date Assigned:	11/24/2014	Date of Injury:	05/21/2012
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 40 year-old female with date of injury 05/21/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as pain in the neck. MRI of the cervical spine on 03/10/2014 was notable for a 4mm left lateral disc protrusion at C6-7 with cord effacement and moderate subarachnoid space indentation. Objective findings: Examination of the cervical spine revealed decreased cervical lordosis. Paravertebral muscle tenderness in the C6-7 spine with associated spasm. Left trapezius tender to palpation. Range of motion was moderately limited by pain. Sensory examination showed decreased sensation in the C6-7 dermatome. Diagnosis: 1. Cervical radiculopathy 2. Lumbar radiculopathy 3. Chronic pain. No reference to any previous steroid injections to the cervical spine was located in the records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 Cervical Epidural using fluoroscopy: Upheld

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

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

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation of plans for cervical root decompression. Left C5-6 Cervical Epidural using fluoroscopy is not medically necessary.