

Case Number:	CM14-0198920		
Date Assigned:	12/09/2014	Date of Injury:	12/13/2013
Decision Date:	02/25/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 13, 2013. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for a C5-C6 cervical epidural steroid injection. The claims administrator contended that the applicant did not have clear or compelling evidence of radiculopathy and that the attending provider failed to furnish an official interpretation of a cervical MRI report. The applicant's attorney subsequently appealed. On October 1, 2014, the applicant reported ongoing complaints of neck pain radiating to the top of the shoulders, 1-3/10, with associated complaints of low back pain radiating into the left lower extremity. Hyposensorium was noted about the left leg. The applicant exhibited a normal gait with no evidence of lower extremity weakness. Cervical MRI imagings of October 2014 were notable for mild multilevel degenerative changes, with some mild neuroforaminal stenosis noted at C5-C6. On September 3, 2014, the applicant again reported persistent complaints of neck pain radiating into the top of the shoulders, 1-3/10. 5-8/10 low back pain radiating into left leg was noted. Hyposensorium was again noted about the left leg. Chiropractic manipulative therapy, myofascial release therapy, electrical stimulation, and work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 1, 46. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection therapy is recommended as an option in the treatment of radicular pain, preferably that which radiographically and/or diagnostically confirmed. In this case, however, the applicant's presentation and complaints of neck pain radiating into the top of the shoulders bilaterally do not represent a bona fide radicular pain complaint but, rather, seemingly suggest the presence of myofascial cervical pain for which epidural steroid injection therapy is not necessarily recommended. It is further noted that cervical MRI imaging, also referenced above, was essentially nondescript to negative and failed to uncover any clear radiographic corroboration of radiculopathy. Therefore, the request is not medically necessary.