

Case Number:	CM14-0201739		
Date Assigned:	12/12/2014	Date of Injury:	06/05/2013
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice and is licensed to practice in New Jersey. 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:

This 49 year old male sustained work related industrial injuries on June 5, 2013. The mechanism of injury involved a motor vehicle accident. The injured worker subsequently complained of neck pain. The injured worker was diagnosed and treated for cervical disc protrusion and cervical degenerative disc disease. Treatment consisted of MRI of cervical spine, 24 physical therapy sessions, 6 sessions of chiropractic therapy, consultation and periodic follow up visits. MRI of cervical spine dated July 31, 2014, revealed multilevel loss of disc space signal with no evidence of disc herniation or spinal stenosis. Documentation noted a minor 1-2 mm disc annulus bulge at C6-C7. Per treating provider report dated October 28, 2014, the injured worker complained of headaches, neck pain, upper back pain with radiation to the right shoulder. Physical exam revealed mild tenderness to palpitation over the right upper trapezius with trigger points. The patient was diagnosed with cervical disc protrusion at C6-7 and cervical myospasm. As of October 28, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for cervical epidural steroid injection now under review. On November 13, 2014, the Utilization Review (UR) evaluated the prescription for cervical epidural steroid injection requested on November 5, 2014. Upon review of the clinical information, UR non-certified the request for cervical epidural steroid injection, noting the lack of objective and physical clinical evidence to support the medical necessity for epidural steroid injection and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there no was documentation of neurological deficits on exam. The patient had an MRI which did not support findings of radiculopathy. The patient has been treated with conservative measures including physical therapy and chiropractic sessions. The chart does not show a failure to improve after conservative treatment modalities. Therefore, the request is considered not medically necessary.