

Case Number:	CM15-0003092		
Date Assigned:	01/14/2015	Date of Injury:	05/05/1993
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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, Washington

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 54-year-old female who reported an injury on 05/05/1993. The mechanism of injury was not stated. The current diagnoses include status post anterior cervical fusion at C5-7 on 01/22/1996, chronic cervical radiculopathy, lumbar spine strain, bilateral shoulder strain, left cubital tunnel syndrome, bilateral wrist tendinitis, bilateral carpal tunnel syndrome, and degenerative joint/disc disease of the cervical spine. The injured worker presented on 11/20/2014 with complaints of persistent neck pain. Upon examination of the cervical spine, there was a well healed, nontender, left anterior incision, tenderness to palpation, 30 degree flexion, 35 degree right lateral bending, 30 degree left lateral bending, 40 degree right lateral rotation, 30 degree left lateral rotation, 20 degree extension, and bilateral positive Spurling's maneuver. Recommendations at that time included a cervical epidural steroid injection at the C4-5 level. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural C4-C5 under Anesthesia with Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patient should also prove initially unresponsive to conservative treatment. While there is evidence of cervical radiculopathy upon examination, there was no mention of a recent attempt at any conservative treatment in the form of medication or exercise/physical therapy. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Given the above, the request is not medically appropriate.