MAXIMUS Federal Services

Case Number:	CM15-0136475		
Date Assigned:	07/24/2015	Date of Injury:	06/25/2013
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 51-year-old female sustained an industrial injury on 6/25/13. She subsequently reported neck, back and left shoulder pain. Diagnoses include cervical degenerative disc disease. Treatments to date include x-ray and MRI testing, prescription pain medications, injections and physical therapy. The injured worker continues to experience neck, back and left shoulder pain. Upon examination, tenderness was noted in the cervical spine paracervical region and positive Spurling sign was noted. A request for cervical epidural steroid injection C3-4, C4-5 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C3-4, C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, 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. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. In this case, the patient file does not document that the patient is candidate for surgery. Furthermore, there is no clinical radiological and neurophysiological documentation to support the diagnosis of cervical radiculopathy. Therefore, the request for cervical epidural steroid injection C3-4, C4-5 is not medically necessary.