

Case Number:	CM15-0160619		
Date Assigned:	08/27/2015	Date of Injury:	10/18/2012
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old man sustained an industrial injury on 10-18-2012. The mechanism of injury is not detailed. Diagnoses include cervical spine disc protrusion with radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 7-28-2015 show complaints of cervical spine pain and stiffness rated 8-9 out of 10 and numbness and tingling down the bilateral upper extremities. Recommendations include cervical epidural steroid injection and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) epidural injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck / Epidural Steroid Injection.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Additionally recent guidance from ODG is more specific and notes that steroid injection into the cervical region has substantial risks of serious and irreversible neurological adverse events, including stroke, spinal cord infarction, or even death. Thus, treatment guidelines strongly discourage cervical epidural injections. The records do not provide an alternate rationale to support such treatment in this case. For these multiple reasons, this request is not medically necessary.