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| Case Number: | CM15-0186584 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 06/04/2012 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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, New York
 Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on June 4, 2012, incurring upper and lower back injuries. A cervical Magnetic Resonance Imaging revealed severe multilevel degenerative disc disease with severe neuroforminal stenosis and a lumbar Magnetic Resonance Imaging showed a disc bulge with impingement of the nerve and moderate degenerative disc disease. He was diagnosed with cervical degenerative disc disease, cervical radiculopathy, lumbar radiculopathy and lumbar degenerative disc disease. Treatment included pain physical therapy and occupational therapy, medications, proton pump inhibitor, anti-inflammatory drugs, lumbar epidural steroid injection, neuropathic medications and activity restrictions. Currently, the injured worker complained of persistent low back pain with numbness and tingling radiating into the lower extremity and persistent neck pain associated with left upper extremity pain, numbness and tingling. He noted reduced cervical spine range of motion interfering with his activities of daily living. The treatment plan that was requested for authorization on September 22, 2015, included a cervical spine epidural steroid injection. On August 13, 2015, a request for a cervical spine epidural steroid injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for cervical spine epidural steroid injection, C7-T1: 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 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 showed neuroforaminal narrowing and impingement but was not corroborated by exam. Therefore, the request is considered not medically necessary.