

Case Number:	CM15-0021034		
Date Assigned:	02/10/2015	Date of Injury:	09/20/2011
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: Nevada, California
 Certification(s)/Specialty: Anesthesiology, 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 43-year-old male who reported an injury on 09/20/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts to include the cervical spine. The injured workers treatment history included physical therapy, medications, and therapeutic facet injections. The injured worker was evaluated on 01/29/2015. It was documented that the injured worker had significant radiculopathy and disc degeneration at multiple levels of the cervical spine. Physical findings at that appointment included decreased sensation and pain in the C6 dermatomal distribution. The injured workers diagnoses included disc degeneration of the cervical spine, cervical radiculopathy, status post shoulder surgery, and poor sagittal balance of the cervical spine. The injured workers treatment plan included bilateral cervical epidural steroid injection at the C5-6 followed by physical therapy. A Request for Authorization was submitted on 02/17/2015 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection at C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The cervical spine epidural steroid injection at C5-6 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers have epidural steroid injections when there are documented signs and symptoms of radiculopathy consistent with pathology identified on an imaging study that failed respond to conservative treatment. The clinical documentation does indicate that the injured worker has decreased sensation in the C6 dermatomal distribution that has failed to respond to extensive physical therapy. However, the clinical documentation did not include an imaging study of the cervical spine. Therefore, nerve root pathology cannot be confirmed. As such, the requested cervical spine epidural steroid injection at the C5-6 is not medically necessary or appropriate.

Post injection physical therapy to the cervical spine 2 times a week for 4 weeks (8 sessions):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.