

Case Number:	CM15-0021518		
Date Assigned:	02/11/2015	Date of Injury:	12/05/2013
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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, Michigan, 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 12/5/13. He has reported pain in the neck, right shoulder and back related to a fall. The diagnoses have included impingement syndrome, lumbar and cervical degenerative disc disease and sacrum and coccyx fracture. Treatment to date has included x-rays, MRI's and oral medications. As of the PR2 dated 12/5/14, the injured worker reports constant pain in neck that radiated to shoulders. He notes popping and clicking with rotation and that the pain interrupts sleep. The treating physician requested diagnostic phase cervical epidural injection. On 1/14/15 Utilization Review non-certified a request for diagnostic phase cervical epidural injection. The utilization review physician cited the MTUS and ACOEM guidelines for neck and upper back. On 2/3/15, the injured worker submitted an application for IMR for review of a diagnostic phase cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Phase Cervical Epidurals Injection with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter

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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for diagnostic cervical ESI C5-C6 is not medically necessary.