

Case Number:	CM15-0023494		
Date Assigned:	02/13/2015	Date of Injury:	06/22/2006
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on June 22, 2006. He has reported worsening neck pain, numbness in bilateral thumbs and index fingers and numbness in bilateral small fingers. The diagnoses have included status post bilateral carpal tunnel surgeries and cervical strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, pain medications and conservative therapies. Currently, the IW complains of neck pain, numbness in bilateral thumbs and index fingers and numbness in bilateral small fingers. The injured worker reported an industrial injury in 2006, resulting in neck pain, numbness in bilateral thumbs and index fingers and numbness in bilateral small fingers. It was noted conservative therapies failed to provide pain relief. Surgical intervention was required. The pain continues to be persistent. On January 9, 2015, evaluation revealed continued pain as previously noted. Magnetic resonance imaging (MRI) of the cervical spine was consistent with worsening foraminal stenosis of the cervical spine. Epidural injections were requested. On January 27, 2015, Utilization Review non-certified a request for bilateral cervical 1 though thoracic 1 steroid epidural injections, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 8, 2015, the injured worker submitted an application for IMR for review of requested bilateral cervical 1 though thoracic 1 steroid epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection bilateral C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, Page 175.

Decision rationale: The MTUS states that 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. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. Cervical epidural is not medically necessary.