

Case Number:	CM15-0028311		
Date Assigned:	02/20/2015	Date of Injury:	05/30/2014
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old male, who sustained an industrial injury on May 30, 2014. The diagnoses have included herniated nucleus pulposus with sciatica at L4-L5, anxiety, depression and insomnia. Treatment to date has included physical therapy, medications, work restrictions and diagnostic testing. Currently, the injured worker complains of reports low back pain with a numbness and tingling sensation in the bilateral lower extremities. He reported that his therapy has only provided minimal help. On examination, the injured worker is stiff and guarded. On February 17, 2015 Utilization Review non-certified a request for cervical epidural steroid injection, noting that the documentation did not reference radicular neck pain, upper extremity sensorimotor deficit or positive Spurling's test and radiographic evidence did not include nerve root pathology at any cervical level. In addition, the request did not include the intended level of the requested cervical epidural steroid injection. The California Medical Treatment Utilization Schedule was cited. On January 30, 2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid Injection (ESIs).

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

Decision rationale: Cervical epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation does not reveal physical exam findings, cervical MRI or electrodiagnostic studies of the upper extremities or evidence that the patient has had conservative treatment for cervical radiculopathy. The request as written does not indicate a level or laterality for the injection therefore this request is not medically necessary.