

Case Number:	CM15-0217776		
Date Assigned:	11/09/2015	Date of Injury:	08/19/2014
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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 61 year old male, who sustained an industrial injury on 8-19-14. The injured worker was diagnosed as having cervical spondylosis and occipital neuralgia. Subjective findings (6-11-15, 7-1-15 and 9-3-15) indicated 7-10 out of 10 pain in the cervical area radiating to the left shoulder. Objective findings (6-11-15, 7-1-15 and 9-3-15) revealed tenderness over the left paracervical area, limited cervical range of motion and a positive Hawkin's and Neer test. There are also severe trigger points over the left trapezius and left rhomboid. As of the PR2 dated 9-29-15, the injured worker reports continued severe pain in the cervical area radiating to the left shoulder. He also has weakness of the left hand and difficulty with sleeping and activities of daily living due to pain. He rates his pain 6-10 out of 10. Objective findings include tenderness over the left paracervical area, limited cervical range of motion and a positive Hawkin's and Neer test. Treatment to date has included a cervical MRI on 9-14-15 showing a C6-C7 bulge with uncovertebral and facet osteophytes at least moderately narrowing the foramina, Percocet, Neurontin, Cyclobenzaprine and Ibuprofen. The Utilization Review dated 10-20-15, non-certified the request for a cervical ESI at levels C7-T1 with anesthesia with x-ray and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at Levels C7-T1 with anesthesia with x-ray and fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines have very specific recommended criteria to justify the use of spinal epidural injections. A couple of these key criteria include the presence of a radiculopathy that follows a dermatomal pattern and if present the radiculopathy must correspond with diagnostic study results. Neither of these key criteria are met with this individual. A clear radiculopathy is not present in the medical evaluation and the MRI studies do not support a radiculopathy emanating from the C7-T1 level. There are no unusual circumstances to justify an exception to Guidelines. The Cervical ESI at Levels C7-T1 with anesthesia with x-ray and fluoroscopic guidance is not supported by Guidelines and is not medically necessary.