

Case Number:	CM15-0034739		
Date Assigned:	03/03/2015	Date of Injury:	04/07/2014
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported injury on 04/07/2014. The mechanism of injury was not provided. The documentation of 01/13/2015 revealed the injured worker was experiencing a recurrence of spinal discomfort with radiating pain down his left paracervical musculature. The injured worker was not noted to have triggering or locking. The injured worker had tenderness in the paracervical musculature with radiating pain into the parascapular musculature and diminished sensation over the anterior lateral aspect of the shoulder and at times down the left thumb. The diagnosis included cervical radiculopathy. The treatment plan included a repeat epidural steroid injection for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend a repeat epidural steroid injection when there is documentation of at least 50% pain improvement for 6 to 8 weeks with associated medication reduction and associated functional improvement. The clinical documentation submitted for review failed to provide documentation of at least 50% pain relief, with objective functional improvement and an objective decrease in pain medications. Given the above, the request for cervical epidural steroid injection C7-T1 is not medically necessary.