

Case Number:	CM15-0040953		
Date Assigned:	03/11/2015	Date of Injury:	01/17/2012
Decision Date:	04/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/04/2015

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 55 year old male who sustained a work related injury to his lower back, shoulder and leg, while lifting bags of lime, January 17, 2012. According to a pain management physician's re-evaluation, dated December 22, 2014, the injured worker presented for follow-up with continued headaches, neck and lower back pain. There is increased soreness and a cracking sensation to his lower back. There is occasional difficulty sleeping and some constipation. Diagnostic impression is documented as cervicgia; cervical and lumbar radiculopathy; lumbar disc protrusion; lumbar facet dysfunction, s/p surgery; spinal stenosis and degenerative disc disease. Treatment plan included continue with medications, pending authorization for cervical epidural steroid injection at C7-T1 as well as lumbar epidural injection, and continue with home exercise program as instructed.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Epidural Steroid Injection with Fluoroscopy: Upheld

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

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, there is no clinical or objective documentation of radiculopathy. There was no documentation of spinal cord or nerve root compromise noted on the patient's cervical spine MRI dated June 28, 2013. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for C7-T1 Epidural Steroid Injection with Fluoroscopy is not medically necessary.