

Case Number:	CM15-0041777		
Date Assigned:	03/12/2015	Date of Injury:	03/02/2011
Decision Date:	04/20/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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: Family Practice

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 35 year old male with an industrial injury dated March 2, 2011. The injured worker diagnoses include cervical pain, status post anterior cervical discectomy and fusion (ACDF) C5-6 on 4/14/2014 and cervical radiculopathy. He has been treated with MRI of cervical spine dated 9/26/2014, physical therapy, prescribed medications, cervical epidural steroid injection (ESI) and periodic follow up visits. According to the progress note dated 1/5/2015, the injured worker reported pain to the neck with radiation to the left upper arm and associated numbness and tingling. Physical exam revealed decrease sensation in left C5, C6, C7 and C8 dermatomes. Muscle stretch was noted to be hyper-reflexic, bilaterally. Treatment plan consists of medication management, cervical epidural steroid injection and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections criteria.

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

Decision rationale: This patient receives treatment for a work-related injury on 3/2/2011. The patient has chronic neck pain with radiation. The patient has "failed neck" having undergone cervical discectomy and spinal fusion at C5-C6 in 2014. The patient received one ESI for the neck pain. The documentation does not clearly state with the benefit was. The documentation does not indicate that objective, electrodiagnostic testing confirms a radiculopathy in the neck. On physical exam, the documentation does not cite motor deficits that confirm a radiculopathy. The guidelines do require evidence on the physical exam and on electrodiagnostic testing to support ESI treatments. An ESI is not medically indicated.