

Case Number:	CM15-0042754		
Date Assigned:	03/12/2015	Date of Injury:	09/24/2012
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas

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 48 year old male, who sustained an industrial injury on 9/24/12. He reported pain in the head and neck due to an object falling on him. The injured worker was diagnosed as having cervical degenerative disc disease and cervical radiculopathy. Treatment to date has included cervical MRI, EMG/NCV studies, physical therapy and pain medications. As of the PR2 dated 2/12/15, the injured worker reports persistent neck pain that radiates to the right shoulder. He reported some benefit from a previous type of cervical injection, but does not remember which type. The treating physician recommended a trial of cervical epidural blocks and a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6 cervical ESI: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a cervical ESI. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone previous injections, with not much reported relief. The patient does not currently meet criteria, as there is lack of documentation for radicular pain. According to the clinical documentation provided and current MTUS guidelines; a cervical ESI is not indicated as a medical necessity to the patient at this time.