

Case Number:	CM15-0047011		
Date Assigned:	03/19/2015	Date of Injury:	07/16/2012
Decision Date:	04/24/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/13/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 47 year old male sustained an industrial injury to the neck on 7/16/12. Previous treatment included magnetic resonance imaging, electromyography, cervical facet injections, physical therapy and medications. In a progress note dated 12/18/14, the injured worker complained of ongoing neck and shoulder pain. Physical exam was remarkable for cervical spine with tenderness to palpation, normal range of motion, and stability to the cervical spine with positive Spurling maneuver and normal strength and sensation to bilateral extremities. Current diagnoses included cervical radiculopathy. The treatment plan included cervical spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: 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 Page(s): 46.

Decision rationale: Guidelines recommend epidural steroid injections for treatment of radiculopathy documented by physical examination and corroborated by imaging studies and unresponsive to conservative treatment. In this case, the patient is diagnosed with brachial radiculitis. Diagnostic studies were not documented and current medications and efficacy of conservative modalities are not noted. The request for cervical epidural steroid injection is not medically appropriate and necessary.