

Case Number:	CM15-0050699		
Date Assigned:	03/24/2015	Date of Injury:	09/03/2013
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

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

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 sustained an industrial injury on 09/03/2013. He has reported subsequent neck, back and left hip pain and was diagnosed with neck pain with possible radiculopathy, radicular low back pain and left hip labral tear status post arthroscopic labral debridement. Treatment to date has included oral pain medication, TENS unit, epidural steroid injections, medial branch blocks and surgery. In a progress note dated 01/08/2015, the injured worker complained of constant lower back and neck pain that was rated as 4-5/10. At that time a lumbar epidural steroid injection was requested. There is no medical documentation submitted that pertains to the current treatment request for cervical steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant is status post work-related injury occurring in September 2013 and continues to be treated for low back and neck pain. When seen by the requesting provider, he was having neck and left shoulder and arm pain. There was decreased upper extremity sensation. Compression testing produced neck pain. There was decreased cervical spine range of motion. An MRI of the cervical spine in May 2014 was reviewed without reported findings of neural compromise. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there were no areas of neural compromise by MRI and the reported physical examination findings are not consistent with a diagnosis of cervical radiculopathy. Therefore the requested cervical epidural injection is not medically necessary.