

Case Number:	CM15-0059047		
Date Assigned:	04/03/2015	Date of Injury:	12/27/2014
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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 45 year old who sustained an industrial injury on 12/27/2014. Diagnoses include cervical pain, cervical degenerative disc disease, herniated nucleus pulposus, and cervical spine stenosis. Treatment to date has included diagnostic studies, medications, chiropractic treatments, physical therapy, and activity modification. A physician progress note dated 01/20/2015 documents the injured worker has complaints of neck pain extending down his left upper extremity. Pain is rated 5-8 out of 10. He has intermittent hand numbness. The pain extends from the left base of the skull down to base of his neck from his left shoulder and periscapular region, down his left upper extremity to the area of his forearm with intermittent left hand global numbness, most advanced involving his left thumb and index digits. The treatment plan is for a pain management consultation and epidural steroid injection. The injured worker was seen again on 02/13/2015 by a pain specialist and diagnosed with chronic pain and cervical radiculopathy, and epidural steroid injection and medications were requested. Treatment requested is for Left C3-C5 cervical epidural steroid injection under fluoroscopy Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-C5 cervical epidural steroid injection under fluoroscopy Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back
Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Left C3-C5 cervical epidural steroid injection under fluoroscopy Qty: 1 is not medically necessary.