

Case Number:	CM15-0059805		
Date Assigned:	04/06/2015	Date of Injury:	05/29/2010
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/30/2015

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 39 year old male, who sustained an industrial injury on 5/29/10. He reported low back, knee and neck injuries. The injured worker was diagnosed as having status post lumbar decompression, knee sprain/strain, lumbar radiculopathy, lumbar spine strain/strain, cervical radiculopathy, cervical spine/strain, insomnia and anxiety. Treatment to date has included physical therapy, lumbar decompression, oral medications, topical medications including narcotics and activity restrictions. Currently, the injured worker complains of bilateral knee pain, loss of sleep, neck pain and low back pain. Upon physical exam, it is noted cervical range of motion is restricted with pain across the trapezial ridge on the left paracervical with radiation to bilateral arms. Decreased range of motion is also noted across low back. The treatment plan consisted of a request for cervical 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: 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 nearly 5 years status post work-related injury and continues to be treated for chronic neck, low back, and bilateral knee pain. When seen, the claimant had negative Spurling's testing with a normal neurological examination. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported physical examination findings that support a diagnosis of cervical radiculopathy and therefore the requested cervical epidural injection is not medically necessary.