

Case Number:	CM15-0084644		
Date Assigned:	05/06/2015	Date of Injury:	11/03/1998
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, who sustained an industrial injury on 11/3/98. The injured worker has complaints of headaches and neck pain. The diagnoses have included chronic daily migraine and cervical spondylotic stenosis at C5-C6 and C6-C7 with pseudoarthrosis. Treatment to date has included botox injections; computerized tomography (CT) scan; electromyography/nerve conduction study; status post revision surgery done both anteriorly and posteriorly at C5-6 and C6-7; Lyrica and Cymbalta. The request was for cervical epidural steroid injection at the C7-T1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at the C7-T1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical epidural steroid injection at the C7-T1 level is not medically necessary and appropriate.