

Case Number:	CM15-0088444		
Date Assigned:	05/12/2015	Date of Injury:	07/20/2012
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 7/20/2012. Diagnoses include cervical spine strain, cervical radiculopathy, and cervical disc protrusion at C2, C3, C4, C5 and C6. Treatment to date has included medications, modified work and diagnostics. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported self-treatment without improvement. He has not has his diagnostic studies. Physical examination of the cervical spine revealed mild left lower muscle spasm and tenderness to palpation in the upper paravertebral and trapezius muscles there was decreased range of motion with pain. The plan of care included, and authorization was requested for a cervical epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: Due to the questionable long term benefits from epidural injections, the MTUS Guidelines have very specific criteria to justify their use. These include a clear clinical radicular nerve dysfunction that follows a clear dermatomal distribution. This standard is not met in this individual. The primary treating physician notes a negative Spurlings test (for radiculopathy) and there is no sensation loss or strength loss that follows a dermatomal pattern. There are no unusual circumstances to justify an exception to Guidelines. The Cervical epidural injection at C6-7 is not supported by Guidelines and is not medically necessary.