

Case Number:	CM15-0089670		
Date Assigned:	05/14/2015	Date of Injury:	07/29/2009
Decision Date:	06/16/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old male, who sustained an industrial injury on 7/29/09. The injured worker was diagnosed as having musculoligamentous sprain of cervical spine and thoracic spine, C 5-6 and C6-7 disc bulge and sprain of left shoulder. Treatment to date has included rotator cuff repair, physical therapy and oral medications including ibuprofen. (MRI) magnetic resonance imaging of cervical spine performed on 8/5/14 revealed mild degenerative disc changes at C5-6 with right paracentral disc bulge causing minimal central canal stenosis. Neural foramina are patent at C2-3; C3-4; C4-5. The C5-6 neural foramina are patent. There is patent C6/7 and C7/T1 neural foramina. Currently, the injured worker complains of constant cervical spine pain. Physical exam noted tenderness to palpation of left shoulder AC joint. A request for authorization was submitted 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 at C5-C7 with catheter fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 46, 178.

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

Decision rationale: Cervical epidural steroid injection at C5-C7 with catheter fluoroscopy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal clear evidence of radiculopathy on imaging or electrodiagnostic testing that correlate with the C5-7 levels. Therefore the request for the request for a C5-7 epidural steroid injection is not medically necessary.