

Case Number:	CM14-0128630		
Date Assigned:	08/18/2014	Date of Injury:	04/20/1999
Decision Date:	09/19/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old male whose date of injury is 04/20/1999. The mechanism of injury is undisclosed. Treatment to date includes surgical fusion, MRI scans and medication management. Physical examination on 06/16/14 notes there is no weakness in the upper extremities, spurling's is negative, and sensory exam shows no dermatomal patterns. MRI of the cervical spine dated 07/06/14 revealed no significant spinal canal narrowing or neural foraminal encroachment at C3 to C4, at C4 to C5 there is advanced right sided facet joint arthropathy with moderate right C5 neural foraminal encroachment, no spinal canal narrowing or left sided neural foraminal encroachment, at C5 to C6 there are postoperative changes anterior fusion; no spinal canal narrowing or neural foraminal encroachment, at C6 to C7 there are postoperative changes of anterior fusion, no spinal canal narrowing or neural foraminal encroachment, at C7 to T1 there is a central disc protrusion without spinal canal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection as Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acpe.\[acguides.org/Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine DisordersODG \(Official Disability Guidelines\): Neck and Upper Back.](https://www.acpe.[acguides.org/Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine DisordersODG (Official Disability Guidelines): Neck and Upper Back.)

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

Decision rationale: Based on the clinical information provided, the request for one cervical epidural steroid injection as outpatient is not recommended as medically necessary. The request is nonspecific and does not indicate the level, laterality or approach to be performed. There is no indication that the injured worker has undergone any recent active treatment. The injured worker's physical examination fails to establish the presence of active cervical radiculopathy as required by California Medical Treatment Utilization Schedule (MTUS) guidelines. Therefore, medical necessity of the requested epidural steroid injection is not established.