

Case Number:	CM14-0129743		
Date Assigned:	09/29/2014	Date of Injury:	01/22/2008
Decision Date:	11/06/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine and is licensed to practice in California. 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 51 year-old male with a date of injury on January 22, 2008. He is diagnosed with (a) cervical spine strain with degenerative joint disease, (b) cervical degenerative disc disease, (c) lumbar spine sprain with degenerative joint disease, (d) lumbar spine herniated nucleus pulposus. Progress reports dated July 2 and July 4, 2014 indicate that the injured worker continued to complain of left-sided neck pain. He had a magnetic resonance imaging scan dated May 6, 2014 which demonstrated degenerative disc disease at the C5-C6 and C6-C7 levels and neural foraminal narrowing at several different levels. Objective findings revealed tenderness over the left side of the cervical spine and trapezial muscles. The injured worker was placed on a modified work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection Under Anesthesia at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Based on the available records, the injured worker has an existing cervical spine pathology per magnetic resonance imaging study. However, there was no subjective complaint or objective findings obtained on physical examination that would validate the presence of cervical radiculopathy. Neurological examination also showed normal findings. Evidence-based guidelines indicate that epidural steroid injections are recommended for radicular pain. It is specified that radiculopathy must be documented by physical examination and corroborated by imaging or electrodiagnostic studies. The guidelines also specifically affirm that there is insufficient evidence to make any recommendation for the use of epidural steroid injections for the treatment of radicular cervical pain. Given such, it can be deemed that the medical necessity of the requested cervical epidural steroid injection under anesthesia at C5-C6 level is not established.