

Case Number:	CM14-0130587		
Date Assigned:	08/20/2014	Date of Injury:	06/21/2011
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on June 21, 2011. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated July 29, 2014, indicates that there were ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion, decrease in left forearm swelling and some distal upper extremity stiffness. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the cervical spine a multiple levels. Previous treatment included multiple medications and pain management interventions. A request had been made for epidural steroid injection and was denied in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Cervical Epidural Injection at Left C6-C7, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: As outlined in the MTUS, epidural steroid injections can be supported for a cervical spine injury. The key component is objectification of a verifiable radiculopathy on Electromyography (EMG). There is no electrodiagnostic evidence presented of a verifiable radiculopathy in the nerve root distribution discussed. As such, there is insufficient data presented to support this request. The request is not medically necessary and appropriate.