

Case Number:	CM14-0139298		
Date Assigned:	09/05/2014	Date of Injury:	03/31/2014
Decision Date:	09/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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:

This patient is a 57 y/o male who has developed persistent neck and right upper extremity pain subsequent to a fall on 3/31/14. His initial lower extremity pain has improved and the neck and shoulder pain improved for a few months. The neck pain then started to worsen and is associated with numbness and tingling down into the right arm. Diminished sensation of the C6/C7 dermatome is described by 2 physicians along with a positive Spurlings test for foraminal stenosis. A subsequent cervical MRI documents moderate to severe right foraminal stenosis that corresponds with the clinical findings. A complete trial of conservative care is documented. This patient has remained at work with a pain VAS scale of 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION- STEROID CERVICAL EPIDURAL STEROID INJECTION @ C4-C5, RIGHT SHOULDER, MULTIPLE, CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines support a trial of epidural injections if there failure of conservative care for 3 months, clinical evidence of a radiculopathy, and corresponding evidence from anatomical or functional testing (MRI or Electrodiagnostics). This patient meets all of these Guideline Criteria for an epidural injection. The request for a C6-7 epidural is medically necessary.