

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0097730 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 10/11/2012 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 05/28/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 injured worker is a 56 year-old male who was reportedly injured on 10/11/2012. The most recent progress note, dated 4/22/2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, and low back pain. The physical examination demonstrated cervical spine: limited range of motion. There is positive tenderness to palpation of the paravertebral muscles, spasm noted, and tight muscle bands is noted bilaterally. Decreased sensation to light touch over the C5-C6 dermatome. Diagnostic imaging studies include an MRI the cervical spine dated 2/24/2014 which reveals disc protrusion at C4-C5, C5-C6, and C6-C7. Osteophytic ridging at C5-C6. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for cervical epidural steroid injection on the right C5-C6 and was not certified in the pre-authorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI right C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

Decision rationale: MTUS guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records, documents conservative treatment has consisted of only medications. It is noted that physical therapy has been ordered and authorized, but the results of therapy are unavailable for review at this time. Therefore, the request for a Cervical ESI right C5-C6 is not medically necessary and appropriate.