

Case Number:	CM14-0210110		
Date Assigned:	12/23/2014	Date of Injury:	04/10/2005
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62 year-old male with date of injury 04/10/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2014, lists subjective complaints as pain in the neck. It was noted that the patient had undergone an epidural steroid injection of the cervical spine previously, but no functional gains were documented. Objective findings: Examination of the cervical spine revealed facet line tenderness at the C2-C4 levels. Allodynia was noted on the right side of the neck from the occiput down to Trapezius. Neurologic exam: non-focal. No other physical examination results were documented by the provider. Diagnosis: 1. Spondylosis, cervical, without myelopathy 2. Chronic pain 3. Allodynia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Steroid Injection (ESI) at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The patient's cervical pain appears to be due to spondylosis and not nerve root compression. In addition, there appears to be no plans for surgery. Outpatient Cervical Epidural Steroid Injection (ESI) at C3-C4 is not medically necessary.