

Case Number:	CM15-0108519		
Date Assigned:	06/15/2015	Date of Injury:	02/14/2013
Decision Date:	07/20/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 46 year old male, who sustained an industrial injury on February 14, 2013. The injured worker was diagnosed as having cervical disc degeneration. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. A progress note dated May 7, 2015 provides the injured worker complains of neck, shoulder and back pain. He rates the pain 7/10 at worst and 3/10 at best. Physical exam notes anxiety and stress. Previous visits provide the injured employee is recommended to try chiropractic and acupuncture. If they are unsuccessful epidural steroid injections would be the preferred treatment. There is a request for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at Levels of C5-6 and C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent subjective complaints and physical examination findings supporting a diagnosis of radiculopathy, an MRI but not an electrodiagnostic study supports a diagnosis of radiculopathy, and there is documentation of failed conservative treatment. Therefore, the currently requested cervical epidural steroid injection is medically necessary.