

Case Number:	CM15-0013835		
Date Assigned:	02/02/2015	Date of Injury:	05/01/2013
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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
 Certification(s)/Specialty: Emergency 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 56 age year old male, who sustained an industrial injury on 05/01/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervicalgia, cervical spinal stenosis to cervical four to five and cervical five to six, cervical neuritis not otherwise specified, sprain thoracic region, and myalgia and myositis not otherwise specified. Treatment to date has included medication regimen, use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the cervical spine, electromyogram and nerve conduction study, and chiropractic therapy. In a progress note dated 12/10/2014 the treating provider reports neck pain radiating to the right arm with a pain level of a four to five out of ten. The treating physician requested cervical epidural steroid injection secondary to failed extensive treatments. On 12/26/2014 Utilization Review non-certified the requested treatment of cervical epidural steroid injection under fluoroscopy guidance and intravenous sedation, noting the California Medical Treatment Utilization Schedule, Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection under fluoro guidance & IV sedation: 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 p. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Cervical epidural steroid injection under fluoro guidance & IV sedation, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has neck pain radiating to the right arm with a pain level of a four to five out of ten. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Cervical epidural steroid injection under fluoro guidance & IV sedation is not medically necessary.