

Case Number:	CM15-0014473		
Date Assigned:	02/02/2015	Date of Injury:	10/05/2003
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 10/05/2003. The mechanism of injury was not stated. The current diagnoses included cervical post fusion pain, cervicalgia, cervical degenerative disc disease, and cervical radiculitis in the left upper extremity. The injured worker presented on 01/05/2015 with complaints of chronic and acute left C7 radiculitis. The injured worker has utilized Voltaren gel over the left finger. Upon examination, there was limited cervical range of motion by 50% and decreased sensation in the left C6-7 dermatome. Recommendations included a cervical epidural steroid injection. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, (left at C6-C7 per PR-2) Qty: 1.00: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker has reportedly attempted conservative treatment. However, there was no mention of an attempt at recent conservative treatment to include active rehabilitation. There was no mention of treatment of prior injections, as the documentation provided indicates that the injured worker is a new patient for this provider. A previous request for an epidural steroid injection at C6 was denied in 08/2014. The injured worker has a history of cervical spine surgery. Given the above, the medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.