

Case Number:	CM15-0114705		
Date Assigned:	06/23/2015	Date of Injury:	11/19/2013
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 56-year-old male sustained an industrial injury on 11/19/13. He subsequently reported left knee and left back pain. Diagnoses include left knee medial meniscus tear, neck pain and cervical radiculopathy. Treatments to date include x-ray and MRI testing, injections, TENS therapy, physical therapy and prescription pain medications. The injured worker continues to experience neck and left knee pain. Upon examination, there was decreased cervical range of motion. Decreased sensation along the C5-C7 dermatome was noted along with spasm. The left knee reveals tenderness to palpation at medial and lateral joint line, sensation and strength is decreased. Antalgic gait was noted. A request for Epidural Steroid Injection Nerve Block Multi Level, CT (computed tomography) guided, Bilateral Cervical C3-C4 and the treating physician made C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Nerve Block Multi Level, CT (computed tomography) guided, Bilateral Cervical C3-C4 and C4-C5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Epidural Steroid Injection Nerve Block Multi Level, CT (computed tomography) guided, Bilateral Cervical C3-C4 and C4-C5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The documentation is not clear of history/exam findings of radiculopathy in the proposed levels of injection therefore the request is not medically necessary.