

Case Number:	CM15-0062984		
Date Assigned:	04/08/2015	Date of Injury:	11/01/2012
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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: Massachusetts

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

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 50-year-old male, who sustained an industrial injury on 11/01/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having multilevel degenerative osteophytic disc bulging of the cervical spine from cervical four to five through cervical seven to thoracic one and cervical radiculopathy secondary to cervical six to seven osteophytic herniated nucleus pulposus. Treatment to date has included medication regimen, computed tomography of the cervical spine, electromyogram, and magnetic resonance imaging of the cervical spine. In a progress note dated 02/25/2015 the treating physician reports complaint of continued pain to the neck that radiates to the right shoulder blade into the right shoulder and upper extremity. The treating physician also notes tenderness on palpation to the right side of the cervical paraspinal musculature. The treating physician requested cervical epidural steroid injection on the right side of cervical six to seven with the physician noting that this is where most of the pain is originating from and also noting that this treatment is a less invasive intervention versus surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI Right C6-7 under fluoroscopy: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant has a history of a work-related injury in November 2012 and is being treated for chronic radiating neck pain. When seen, he was having radiating symptoms. Physical examination findings included decreased right upper extremity strength and sensation. An MRI confirms moderate to severe foraminal stenosis at C6-7. Surgery is being considered. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, the claimant has radicular symptoms with imaging and physical examination findings of radiculopathy. The criteria are met and therefore requested cervical epidural steroid injection is medically necessary.