

Case Number:	CM15-0075047		
Date Assigned:	04/24/2015	Date of Injury:	06/02/2009
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 59-year-old male, who sustained an industrial injury on 6/2/09. The injured worker has complaints of neck pain that radiates to the shoulder and upper back. The diagnoses have included spondylosis and radiculopathy. Treatment to date has included X-rays; electromyography/nerve conduction study; magnetic resonance imaging (MRI) and epidural injections. The request was for epidural steroid injection at bilateral C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at bilateral C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with

corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing not specifically defined with documented objective readings provided. The patient also had undergone previous cervical epidural injections as noted by the provider and was noted with pain relief; however, submitted reports have not adequately demonstrated any long-term significant pain relief or functional improvement in ADLs from prior injection rendered as symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged along with unchanged work and functional status. The Epidural steroid injection at bilateral C6-7 is not medically necessary and appropriate.