

Case Number:	CM15-0076079		
Date Assigned:	04/27/2015	Date of Injury:	01/24/2013
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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: Family Practice

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 45 year old male, who sustained an industrial injury on 1/24/2013. He reported injury from a slip and fall. The injured worker was diagnosed as having chronic pain, cervical radiculopathy and left shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/9/2015, the injured worker complains of neck pain that radiates down the left upper extremity with tingling and numbness. The treating physician is requesting cervical interlaminar epidural steroid injection under fluoroscopic guidance at bilateral cervical 5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical interlaminar epidural steroid injection under fluoroscopic guidance at bilateral C5-C6 levels: Upheld

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

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

Decision rationale: According to guidelines ESIs are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. according to medical records there is no indication of home exercise program and thus not medically necessary.