

Case Number:	CM15-0091411		
Date Assigned:	05/15/2015	Date of Injury:	09/23/1998
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 61 year old Male with a September 23, 1998 date of injury. A progress note dated March 2, 2015 documents subjective findings (pain in the neck and shoulders, thoracic spine; pain radiates to the left upper extremity and right upper extremity; sleep difficulties; muscle cramps; numbness; depression; headaches; average pain rated at a level of 7/10, worst pain rated at a level of 10/10), objective findings (stiffness and tenderness of the cervical spine; increased tone and tenderness to palpation of the cervical spine musculature; hyperirritable spots with palpable nodules in taut bands noted; decreased range of motion of the cervical spine; no sensory or motor deficits of the upper extremities; increased tone and pain to palpation of the thoracic spine musculature; normal range of motion of the thoracic pain; increased tone and pain to palpation of the lumbar spine musculature; hyperirritable spots with palpable nodules in taut bands; positive left straight leg raise), and current diagnoses (cervical failed back syndrome; occipital neuralgia; thoracic facet spondylosis; myofascial pain syndrome). Treatments to date have included pain management (good relief), nerve blocks (good relief), trigger point injections (good relief), medications (adequate relief), imaging studies, and diagnostic testing. The treating physician requested authorization for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical epidural steroid injection with epidurography: 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 Epidural steroid injection Page(s): 46.

Decision rationale: 1 Cervical epidural steroid injection with epidurography 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 electrodiagnostic testing. The request as written does not specify a level or laterality for this injection therefore this cannot be certified and the request for a cervical epidural steroid injection is deemed not medically necessary.