

Case Number:	CM15-0092038		
Date Assigned:	05/18/2015	Date of Injury:	08/19/2000
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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 63-year-old male, with a reported date of injury of 08/19/2000. The diagnoses include chronic cervical spine pain. Treatments to date have included chiropractic treatment, oral medications, an MRI of the cervical spine on 01/28/2015 which showed modest degenerative changes with small posterior bulges, but no immediately surgically significant lesion, physical therapy, and x-rays of the cervical spine on 01/16/2015 which showed moderate degenerative disc disease of two levels. The medical report dated 04/03/2015 indicates that the injured worker had neck pain that occurred with twisting his neck to either side, more on the right than the left. The physical examination showed good grip strength, good biceps and triceps strength, and no significant cervical paravertebral muscle spasm. The treating physician requested three cervical epidural injections to address the inflammatory component of his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three cervical epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Esis.

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 remote history of a work injury occurring in August 2000. He continues to be treated for neck pain. An MRI of the cervical spine in January 2015 showed findings of mild foraminal narrowing. When seen, he was having neck pain. Physical examination findings do not describe any neurological deficit. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, none of these is met. Additionally, a series of injections in either the diagnostic or therapeutic phase is not recommended. Therefore the requested cervical epidural injections are not medically necessary.