

Case Number:	CM15-0099521		
Date Assigned:	06/02/2015	Date of Injury:	12/31/2009
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Emergency 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 52-year-old man sustained an industrial injury on 12/31/2009. The mechanism of injury is not detailed. Evaluations include a cervical spine MRIs dated 1/5/2015 and 12/28/2014 and electromyogram of the bilateral lower extremities dated 6/18/2014. Diagnoses include post-operative pain, greater trochanteric bursitis, lumbar radiculopathy, and bilateral sacroiliac joint dysfunction. Treatment has included oral medications, chiropractic therapy, and surgical interventions. Physician notes dated 4/9/2015 show complaints of neck, left shoulder pain rated 6-7/10 with radiation to the bilateral hands, and low backache rated 5-6/10.

Recommendations include possible future epidural steroid injections, orthopedic follow up, pain management follow up, cervical interlaminar epidural steroid injection, visit the emergency room for chest pain, neurology evaluation, and follow up in four months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interlaminar Epidural Steroid at the C5-C6 Level Introduced through C7-T1 Catheter:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The requested 1 Interlaminar Epidural Steroid at the C5-C6 Level Introduced through C7-T1 Catheter, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has neck, left shoulder pain rated 6-7/10 with radiation to the bilateral hands, and low backache rated 5-6/10. The treating physician has not documented recent conservative therapy treatment trials, nor imaging confirmation of nerve root compromise. The criteria noted above not having been met, 1 Interlaminar Epidural Steroid at the C5-C6 Level Introduced through C7-T1 Catheter is not medically necessary.