

Case Number:	CM13-0003528		
Date Assigned:	07/31/2013	Date of Injury:	08/06/2010
Decision Date:	01/14/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 08/06/2010. The primary diagnosis is cervical intervertebral disc displacement. The mechanism of injury is repetitive work with prolonged cumulative trauma. This patient has been diagnosed with cervical intervertebral disc displacement and cervical disc degeneration. On physical examination the patient has been noted to have slightly reduced sensation to light touch and pinprick in the palms of both hands and mildly diminished biceps and triceps reflexes. The initial physician review noted that the patient did not have localized and radicular findings either on physical examination or by MRI. An MRI of the cervical spine of 06/02/2012 showed moderate degenerative disc disease at C5-6 with a bulge, with no findings at C7-T1. Additionally I note that electrodiagnostic testing of 03/11/2013 was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

. C7-T1 interlaminar epidural injection under fluoroscopic guidanc: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, state, "Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing." This guideline also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Thus, the guidelines are equivocal in general regarding cervical epidural injections. In this particular case, there are no specific physical examination or diagnostic findings to support findings in a particular dermatomal distribution. For these reasons, this request is not supported by the guidelines. This request is not medically necessary.