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| Case Number: | CM13-0012421 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 02/28/2013 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 08/01/2013 |
| Priority: | Standard | Application Received: | 08/13/2013 |

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 and 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 patient is a 57-year-old with a reported date of injury on 02/28/2013. The patient presented with severe neck pain and bilateral arm weakness and numbness, severe pain upon palpation of the cervical facets, range of motion was decreased in the cervical spine, there were severe palpable trigger points in the muscles of the head and neck, and the patient had decreased sensation to light touch. The patient had 5/5 strength in the lower extremities, 5/5 strength with elbow extension and finger flexion, triceps deep tendon reflex was absent, Hoffmann's reflex was absent, and inverted radial reflex was absent. The patient had diagnoses of cervical radiculopathy at C6, cervical radiculopathy at C5, and cervical spine stenosis. The physician's treatment plan included a request for an epidural steroid injection at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

An epidural steroid injection, C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative

findings of radiculopathy). The guidelines note, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.