

Case Number:	CM13-0016903		
Date Assigned:	12/11/2013	Date of Injury:	11/08/2002
Decision Date:	01/23/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surgery, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

He sustained an injury to the cervical spine. Available for review in this case is a 08/27/12 cervical MRI report showing a C6-7 level to be with a 4 mm right paracentral disc herniation abutting the cord with C3-4 level with annular tearing and moderate left foraminal encroachment, and the C5-6 level to be with diffuse spurring and disc bulging resulting in a right sided foraminal encroachment. The claimant's most recent clinical progress report for review of 10/30/13 with [REDACTED] indicated recent request for cervical epidural injections were denied. Physical examination findings that date demonstrated pinprick sensation decreased over the right thumb as well as the first and fourth dorsal interspace to the right hand with equal and symmetrical motor strengths to the bilateral upper extremities. Reviewed was a 2012 MRI that was just stated. Recommendations at that time were for continuation for activities as tolerated and an eight week reevaluation stating little further was to offer. Prior assessment of 10/01/13 showed physical examination findings to be with grossly intact motor sensation with diminished pinprick over the right thumb as well as first and fourth dorsal interspaces. Referral for intermittent epidural injections was recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Based on California MTUS Chronic Pain Guidelines, epidural injection in this case would not have been indicated. Clinical request did not formally demonstrate which level the injection was to be performed with loose clinical coordination between the claimant's current objective findings on examination and imaging findings available for review. Furthermore, the clinical records do not indicate recent conservative treatment that has been utilized in regard to the claimant's cervical complaints. Thus, the role of epidural injections in this case would not be deemed medically necessary at present.