

Case Number:	CM13-0016919		
Date Assigned:	10/11/2013	Date of Injury:	06/03/2008
Decision Date:	03/31/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/27/2013

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 Anesthesiology, and Pain Management and is licensed to practice in Florida. 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 60-year-old injured worker who reported an injury on 02/06/2008. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical disc protrusion. The patient was seen by [REDACTED] on 08/06/2013. The patient reported 7/10 pain to the cervical spine, 5/10 pain to bilateral hips, 6/10 pain to bilateral lower extremities, and 8/10 upper extremity pain. Physical examination revealed tenderness to palpation, guarding, spasm, 4/5 strength, and restricted range of motion. Motor examination and sensation were intact to light touch in bilateral upper extremities. Treatment recommendations included an authorization for a cervical epidural steroid injection. The patient has previously undergone an MRI of the cervical spine on 06/19/2012, which indicated mild to moderate left neural foraminal narrowing at C3-4, C4-5, C5-6, and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection for the cervical spine: 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 Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with

use in conjunction with other rehab efforts. As per the documentation submitted, the patient's physical examination revealed intact sensation and intact motor examination. Therefore, there is no evidence of radiculopathy upon physical examination. There is also no indication of this patient's recent unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The patient underwent an epidural steroid injection in 12/2012. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the injection was not provided. The request for epidural steroid injections for the cervical spine is not medically necessary and appropriate.