

Case Number:	CM13-0022332		
Date Assigned:	11/13/2013	Date of Injury:	10/12/2006
Decision Date:	01/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/10/2013

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:

The claimant is a 55-year-old female who was injured in a work related accident on October 12, 2006. Records specific to her cervical spine at this time include a prior MRI report from October 12, 2012 that shows multilevel cervical spondylosis with central disc protrusion at C3-4, C4-5 and C5-6. There is noted to be bilateral hypertrophy and moderate foraminal stenosis at the C4-5 with no other neural compressive findings documented. Recent clinical assessment dated August 12, 2013 with [REDACTED] indicated difficulty with the upper extremities with radiating pain from the neck to the biceps bilaterally. There was spasm at the neck and trapezial musculature. Handwritten documentation of physical examination does not indicate any focal neurologic deficits. Recent conservative treatment in regards to the cervical spine is unclear. Epidural steroid injections to the cervical spine were recommended at that time for further assessment. There is a September 12, 2013 assessment also available from [REDACTED] that only gives documentation regarding a recent knee injury; there were no physical examination findings or subjective complaints in regards to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic

Spine disorders; Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section Neck and Upp34 Back

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

Decision rationale: California MTUS Guidelines, request for epidural injection of the cervical spine in this case cannot be supported. MTUS Guidelines in regards to epidural injections clearly indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The claimant's recent examination fails to demonstrate specific radicular component to the upper extremities and there is not imaging that documents compressive pathology that would correlate with exam. The absence of both physical examination findings and documentation of compressive pathology on imaging would fail to necessitate epidural injection requested at this chronic stage of the claimant's course of care.