

Case Number:	CM13-0023832		
Date Assigned:	11/15/2013	Date of Injury:	09/12/2011
Decision Date:	10/06/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 55 year old female who reported an injury to her neck on the 09/12/2011. A clinical note dated 05/31/12 indicated the injured worker undergoing radiographs of the cervical spine which revealed a C5-6 spondylosis. A clinical note dated 08/07/13 indicated the injured worker continuing with neck pain. Range of motion throughout the cervical spine was limited. A clinical note dated 10/16/13 indicated the injured worker continuing with cervical spine tenderness. The injured worker had positive Spurling maneuver with dysesthesia in the right C6 and C7 dermatomes. A clinical note dated 02/19/14 indicated the injured worker having complaints of suboccipital type headaches and migraines. The injured worker continued with ongoing cervical symptomology and positive Spurling maneuver. The AME dated 02/05/14 indicated the injured worker approved for cervical epidural steroid injections. The injured worker reported 60% improvement following injections. The injured worker showed no reflex, strength, or sensation deficits. Utilization review dated 03/28/14 resulted in denial for C5-6 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 C5/C6 CERVICAL EPIDURAL STEROID INJECTION AND EPIDUROGRAPHY, ANESTHESIA AT LIBBIT SURGIAL CENTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections,.

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

Decision rationale: The injured worker previously underwent epidural steroid injection in the cervical spine. Repeat epidural steroid injections are indicated for injured workers who have demonstrated 50-70% pain relief for six to eight weeks with ongoing symptomology. The injured worker showed no radiculopathy in the C5 or C6 distributions. Additionally, no information was submitted regarding objective functional improvement following the initial injection. Given this, the request is not indicated as medically necessary.