

Case Number:	CM13-0025329		
Date Assigned:	12/11/2013	Date of Injury:	05/14/2008
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Practice, has a subspecialty in Preventative Medicine 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:

56 year old female claimant who sustained an injury on 5/14/03 that resulted in chronic neck pain. In January 2013, she had bilateral cervical branch block. Prior treatments also included oral and topical analgesics. An MRI on 7/30/13 showed a C5-C6 foraminal stenosis and degenerative annular bulge with minimal progression of disease from a prior MRI in 2011. A report from exam on 8/21/13 indicated that there are still subjective complaints of right sided neck pain. Objective findings included decreased proprioception in the C5-C6 distribution and delayed deep tendon reflexes. An authorization was requested for epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with catheter insertion at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Epidural steroid injections. .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 181.

Decision rationale: According to Table 8-8 in the guidelines cited above, epidural steroid injections are optional to avoid surgery and does not meet inclusion criteria for research based evidence. In this the claimant received steroid injections in January 2013. There was no

significant change in MRI findings or clinical symptoms. As a result, the use of further epidural injections is neither medically necessary nor supported by evidence to provide further benefit.