

Case Number:	CM13-0027350		
Date Assigned:	03/19/2014	Date of Injury:	06/26/1990
Decision Date:	04/30/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient reported an injury on 06/26/1990. The patient was reportedly injured when she stepped in a hole. The patient is currently diagnosed with multilevel cervical degenerative disc disease, bilateral upper extremity radicular symptoms and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 09/18/2013. The patient reported persistent pain in the cervical spine with radiation into bilateral upper extremities. The patient has been treated with bracing, physical therapy, chiropractic treatment and cervical traction. Physical examination on Final Determination Letter for IMR Case Number [REDACTED] that date revealed bilateral cervical paraspinous tenderness, a positive Spurling's maneuver, 1+ palpable muscle spasms, 5/5 motor strength in the bilateral upper extremities and decreased sensation in the right C6 and C7 dermatomes. The treatment recommendations included a cervical epidural steroid injection on the right at 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:

1 CERVICAL EPIDURAL STEROID INJECTIONS ON THE RIGHT AT C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back (Acute & Chronic).

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient's physical examination does reveal decreased sensation in the right C6 and C7 dermatomes as well as a positive Spurling's maneuver. However, the patient also demonstrated 5/5 motor tone and strength in all major muscle groups of bilateral upper extremities. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of cervical radiculopathy. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.