

Case Number:	CM13-0032651		
Date Assigned:	12/11/2013	Date of Injury:	03/03/2010
Decision Date:	01/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 patient is a 55-year-old gentleman who was injured on 03/03/10. Recent clinical records for review include a 08/28/13 progress report from the [REDACTED] when he was seen by [REDACTED] for complaints of neck pain with radiating trapezial and left upper extremity complaints. Objectively, he was noted to be with restricted cervical range of motion at endpoints with a neurological examination showing 5/5 motor strength to the bilateral upper extremities with equal and symmetrical reflexes with paresthesias noted in the biceps, dorsum of the forearm, and left thumb. The claimant's working diagnosis at that date was of cervical spondylosis and neck pain. He indicates that a prior cervical MRI from 10/25/12 revealed left C6 foraminal stenosis and severe left C7 foraminal stenosis. Prior epidural steroid injection was noted with no long standing benefit. Recommendations at present were for a C7-T1 translaminar epidural injection at this time. Other forms of conservative care have noted to included a TENS unit, medications, therapy, and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 translaminar epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not support epidural steroid injection in this case. In regard to repeat therapeutic injections, documentation of at least 50% pain relief for a six to eight week period of time with reduction in medication use needs to be present before proceeding with repeat procedure. Records in this case do not indicate significant benefit for that period of time from prior epidural injection.