

Case Number:	CM13-0035281		
Date Assigned:	12/13/2013	Date of Injury:	06/25/2010
Decision Date:	01/31/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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.

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 49-year-old female who reported an injury on 06/25/2010. The mechanism of injury was stated to be the patient had boxes from an overhead shelf onto the patient's head and neck. The patient was noted to have an MRI on 07/22/2013. The patient was found to have a paracentral C6-7 herniated nucleus pulposus with a mild foraminal narrowing at C4-5. The patient's diagnoses were noted to include displacement of cervical intervertebral disc without myelopathy and cervicalgia. The request was made for a Right Transforaminal C6-7 Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

right transforaminal c6-7 epidural steroid injection: Upheld

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

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated that the patient had

physical therapy, which did not help. The patient was noted to have neck pain with occasional tingling in both arms and hands more on the right. The physical examination of the cervical spine revealed the patient had bilateral rotation of 30 degrees and extension of 15 degrees and pain elicited by motion and no crepitus. The patient's motor strength was noted to be normal. The patient's bilateral biceps reflexes were noted to be hyperactive at 3 and the patient was noted to have a Hoffmann's reflex bilaterally. The clinical documentation submitted for review indicated the patient had findings of a bilateral foraminal narrowing at C4-5 and mild central to right paracentral protrusion at C 6-7. However, it failed to provide the official read for the MRI. The patient was noted to have participated in aquatic therapy as well as land-based therapy. Given the above, the request for right transforaminal c6-7 epidural steroid injection QTY 1 is not medically necessary.