

Case Number:	CM13-0039003		
Date Assigned:	12/18/2013	Date of Injury:	11/23/2009
Decision Date:	02/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnosis, chronic degenerative disc disease of the cervical spine with symptoms of radiation into the occiput and bilateral shoulders. MRI of the cervical spine dated 05/21/2013 signed by [REDACTED] revealed multilevel cervical intervertebral degenerative disc disease. Clinical note dated 09/13/2013 reports the patient was seen under the care of [REDACTED] for continued pain complaints about the bilateral wrists, right ankle, and cervical spine. The provider documents the patient utilizes Ambien, 5/325 hydrocodone, Celexa, and ibuprofen. The provider documented upon physical exam of the patient's cervical spine, reduced range of motion in all directions of the neck were noted, paraspinal muscles with tenderness upon palpation and occiput was tender upon palpation. Grip strength on the right side was less than the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence any objective findings of radiculopathy to support the current request. The patient's imaging of the cervical spine did not reveal any significant stenoses or nerve root involvement at any of the cervical spine levels. The patient presented with mild central canal stenoses and multilevel intervertebral degenerative disc disease. On physical exam, the provider documented the patient had decreased grip strength to the right; however, the patient is status post carpal tunnel release, and was instructed to continue hand exercises. California Medical Treatment Utilization Schedule (MTUS) indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the above, the request for cervical epidural steroid injection is not medically necessary or appropriate.