

Case Number:	CM13-0039155		
Date Assigned:	12/18/2013	Date of Injury:	05/30/2013
Decision Date:	03/17/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 claimant is 53-years-old injured in a work-related accident on May 30, 2013. Clinical records specific to the claimant's neck included an October 1, 2013 assessment by [REDACTED] that showed continued subjective complaints of pain to the left shoulder as well as worsening left lateral neck pain. Objectively, there was a musculoskeletal assessment showing a negative Spurling's test, restricted cervical range of motion at endpoints with 4/5 motor strength to the bilateral upper and lower extremities diffusely. Sensory examination was grossly intact to light touch with the exception of the C6 and C7 dermatome. Deep tendon reflexes were equal and symmetrical. Review of a cervical MRI report of September 10, 2013 showed posterior osteophyte changes noted from C3 through C7 resulting in mild congenital spinal stenosis at multiple levels with no acute findings. An epidural injection at the C5-6 level on the left was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Cervical epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, epidural injection at the left C5-6 level would not be indicated. The MTUS Pain Medical Treatment Guidelines indicate that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the claimant continues to be symptomatic with weakness, there is no documentation of acute compressive pathology that would correlate with the claimant's C5-6 level to justify the acute need of an epidural injection or procedure. The request for cervical epidural steroid injection at C5-C6 on the left is not medically necessary and appropriate.