

Case Number:	CM13-0039391		
Date Assigned:	12/18/2013	Date of Injury:	12/07/2011
Decision Date:	07/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 39-year-old female who reported an injury on 12/07/2011. The mechanism of injury was not specifically stated. Current diagnoses include displacement of cervical intervertebral disc without myelopathy, cervical facet joint hypertrophy, spinal stenosis in the cervical region, annular tear at C6-7, displacement of lumbar intervertebral disc without myelopathy, lumbar facet joint hypertrophy, spinal stenosis of an unspecified region, thoracic or lumbosacral neuritis or radiculitis, left foot sprain, cervical sprain, and lumbar sprain.. The injured worker was evaluated on 10/02/2013. The injured worker reported persistent neck pain with radiation into the occipital region of the head, right trapezius, and right shoulders. Previous conservative treatment includes a lumbar support and transcutaneous electrical nerve stimulation. Physical examination of the cervical spine revealed intact sensation, motor deficit involving the C5-7 dermatomes, moderate paraspinal tenderness, moderate facet joint tenderness, and limited cervical range of motion. Treatment recommendations included a diagnostic cervical epidural steroid injection at C3-4, C4-5, 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:

CERVICAL EPIDURAL STEROID INJECTION C3-4, C4-5, C5-6 AND C6-C7: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation submitted, the injured worker does report persistent cervical spine pain, despite conservative treatment with home exercise, physical therapy, and NSAIDS. However, California MTUS Guidelines indicate that no more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. Therefore, the current request is not medically appropriate.