

Case Number:	CM13-0043833		
Date Assigned:	12/27/2013	Date of Injury:	12/24/2003
Decision Date:	04/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, 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:

██████████ is a 52 year old woman who sustained a work-related injury on December 24, 2003. Subsequently she developed chronic neck pain. According to the report dated on September 25, 2013, the patient was complaining of chronic pain associated with headache. Her physical examination demonstrated paraspinal tenderness, positive Spurling's test with the use of the range of motion. The area of the provider requested authorization for further cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C5 TO C6, C6 TO C7 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Neck and Upper Back pain Page(s): 173, 309..

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open

surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the employee file does not document that the employee is a candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy.