

Case Number:	CM13-0044657		
Date Assigned:	12/27/2013	Date of Injury:	05/26/2010
Decision Date:	03/11/2014	UR Denial Date:	10/14/2013
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 Neurology, has a subspecialty in Pain Management 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. 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 11/1/13 PR-2 reports pain in the neck with radicular component, limited range of motion, and decrease in sensation in bilateral C6-7 distribution. The 9/25/13 evaluation of [REDACTED] reports the claimant has pain in the neck that is sharp and radiates to the bilateral shoulders. Onset was noted since May 26, 2011. She had been taking ibuprofen and Vicodin for pain. It describes her physical examination with tenderness over the cervical area with positive Spurling's sign. Sensation was disrupted at right C6-7 and left C7 dermatomes. Strength was noted as normal 5/5. MRI was described as showing neuroforaminal stenosis at C5-6 on the right and bilaterally at C6-7. Dr. Rosen noted the claimant had previous treatment of physical therapy, chiropractic care, medication, rest and home exercise program. [REDACTED] recommended treatment to include cervical epidural steroid injection, cervical traction device, and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 selective epidural catheterization at C5-C7, bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Section Epidural steroid injections Page(s): 56.

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

Decision rationale: The medical records provided for review document the physical presence of radiculopathy with finding of positive Spurling's and decreased sensation in dermatomal distribution. This finding is corroborated by the reported MRI finding of foraminal stenosis affecting the same nerve root levels C6-7 bilateral. The medical records support the claimant has previously been treated with conservative care of physical therapy, NSIADs, manipulation, and rest. As such the claimant is supported for 1 ESI under the chronic pain guidelines.