

Case Number:	CM13-0047876		
Date Assigned:	12/27/2013	Date of Injury:	06/30/1990
Decision Date:	03/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice 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 patient reported an injury on 06/30/1999. The patient is diagnosed with cervical spondylosis without myelopathy, cervical degenerative disc disease, and cervical radiculitis. The patient was seen by [REDACTED] on 09/23/2013. The patient reported ongoing neck pain. Physical examination revealed tenderness to palpation, limited range of motion, and decreased sensation in the C5-6 dermatome. Treatment recommendations included continuation of home exercise program and a cervical transforaminal epidural steroid injection at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical transforminal epidural C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Epidural steroid injections (E).

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

Decision rationale: California MTUS Guidelines state 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. As per the documentation submitted, the

patient underwent and electromyography study on 11/18/2013, which revealed moderate chronic bilateral C7 and C8 radiculopathy. There was no mention of radiculopathy at C5-6. Additionally, there was no evidence of a recent failure to respond to conservative treatment including exercise, physical methods, NSAIDS, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.