

Case Number:	CM13-0048143		
Date Assigned:	04/04/2014	Date of Injury:	08/05/2002
Decision Date:	05/12/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 expert 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 60-year-old female who reported injury on 08/04/2002. The mechanism of injury was the injured worker was moving luggage from an overhead bin and was pulling on a suitcase when she felt a snap along the right side of her neck. Diagnosis includes cervical disc displacement. The documentation of 10/02/2013 revealed Spurling's test was negative bilaterally. The reflexes in the brachioradialis were 1+ on the right and 2+ on the left. The muscle strength was 5/5 bilaterally in the biceps, and 4/5 on the right in the triceps, as well as 4/5 in the right deltoid. The injured worker was noted to have decreased range of motion in the cervical spine. The injured worker had an MRI of the cervical spine on 07/23/2013, which revealed at the level of C4-5, minimal posterior disc osteophyte formation without significant central canal stenosis or foraminal narrowing and at C5-6, there was moderate disc osteophyte complex with mild effacement of the anterior thecal sac and mild central canal stenosis, although the cord was unaffected. The diagnosis was cervical spondylosis and the treatment plan included a C4-5 and C5-6 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN EPIDURAL STEROID INJECTION (ESI) AT C4-5 AND C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: California MTUS Guidelines recommend an epidural steroid injection when a patient has radiculopathy upon objective physical examination that is corroborated by imaging studies and the pain is initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination on the right. There was a lack of documentation of nerve impingement on the MRI, and there was a lack of documentation of the conservative treatment and the injured worker's failure to respond to it. The request as submitted failed to indicate the laterality for the requested injection. Given the above, the request for an epidural steroid injection at C4-5 and C5-6 is not medically necessary.