

Case Number:	CM13-0048400		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2012
Decision Date:	03/17/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery and is licensed to practice in California 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 patient is a 51-year-old injured worker who reported an injury on 10/08/2012. The patient reportedly sustained cumulative trauma to the right shoulder and cervical spine. The patient is diagnosed with cervical radiculitis, right hand pain, right shoulder pain, chronic pain, and C5-6 disc herniation with right-sided radiculopathy. The patient was seen by [REDACTED] on 10/11/2013. The patient reported ongoing neck pain with radiation to the right upper extremity. Physical examination revealed spinal vertebral tenderness in the C5-7 region, moderately limited range of motion, decreased sensation on the right at the C6 dermatome, and no change in the patient's upper extremity strength. Treatment recommendations included a cervical epidural steroid injection at C5-6. Additionally noted, the patient underwent an MRI of the cervical spine on 04/19/2013, which indicated no evidence of spinal canal stenosis or neural foraminal narrowing at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic cervical epidural steroid injection with fluoroscopy, right C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment 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's physical examination only revealed tenderness to palpation, limited range of motion, and decreased sensation. There is no documentation of radiculopathy upon physical examination. There is also no evidence of this patient's exhaustion of previous conservative treatment including physical therapy, NSAIDS, and muscle relaxants. The patient's MRI of the cervical spine documented on 04/19/2013 indicated no evidence of significant spinal canal stenosis or neural foraminal narrowing at C5-6. The request for a cervical epidural steroid injection with fluoroscopy, right C5-C6 is not medically necessary and appropriate.