

Case Number:	CM13-0050044		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2010
Decision Date:	03/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 45 year old female who reported an injury on 09/08/2010, after 2 heavy objects fell on top of her, which reportedly caused injury to her neck and left shoulder. The patient underwent an MRI of the cervical spine in 01/2011 that revealed a large disc bulge at the C4-5. The patient's most recent clinical evaluation revealed a positive Spurling's sign radiating into the left upper extremity with decreased reflexes of the biceps rated at a 1+ on the left to support nerve root pathology in the C5 distribution. The patient's treatment plan included a cervical epidural steroid injection on the left at the C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI left C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested cervical epidural steroid injection at the left C4-5 and C5-6 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has radicular pain that has failed to respond to conservative

treatments to include physical therapy. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings upon examination that are corroborated by an imaging study and recalcitrant to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient has radiculopathy in the C5 distribution that is supported by an imaging study that reveals a large disc bulge indenting on the thecal sac. It is also noted that the patient did not respond to a recent course of physical therapy. Therefore, a left epidural steroid injection at the C4-5 would be indicated. However, the request as it is written is for a left C4-5 and C5-6. As the left epidural steroid injection at the C5-6 is not supported by the documentation, the request as it is written is also not supported. As such, the requested cervical epidural steroid injection left C4-5 and C5-6 is not medically necessary or appropriate.