

Case Number:	CM13-0050383		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2007
Decision Date:	05/02/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/13/2013

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 Texas and 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 patient sustained injury on 5/11/2007 following repetitive work related strain. The diagnoses listed are cervical radiculopathy, cervicgia, shoulder and knee pain as well as low back pain. The 9/25/2013 cervical spine MRI showed mild to moderate neural encroachment. The completed treatments according to [REDACTED] note of 10/2/2013 are chiropractic therapy, PT, acupuncture, TENS, right shoulder surgeries and medications management. The patient is currently on Hydrocodone /APAP 7.5/650mg. There is subjective complains of cervical radiculopathy. The clinical findings of positive Spurling's sign, positive compression test, decreased ROM of cervical spine and decreased sensation over C5 and C6 dermatomes is indicative of cervical radiculopathy. A utilization review decision was rendered on 10/23/2013 recommending non certification of bilateral C5-6 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION BILATERAL C5-C6: Overturned

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

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

Decision rationale: The California MTUS addressed the treatment options available for cervical radiculopathy. Epidural steroid injection is a treatment option in a patient with diagnosed cervical radiculopathy who have failed other available less invasive treatment options. The patient has subjective and objective findings of cervical radiculopathy. The MRI of the cervical spine showed disc bulges with neural encroachment and accompanying neuropathy along the affected nerve roots. The patient completed PT, acupuncture, TENS and medication treatments. An effective epidural steroid injection can lead to decrease in pain, decrease in inflammation, decrease in medication use, increase in range of motion and possible delay or avoidance of surgery.