MAXIMUS Federal Services

Case Number:	CM13-0050646		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2011
Decision Date:	05/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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, Pain Management 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 47-year-old male who reported an injury on 06/07/2011. The mechanism of injury was noted to be a fall. His diagnoses include cervical disc disease and cervical radiculopathy. At a 10/04/2013 office visit, the injured worker reported symptoms including neck pain with radiation to upper extremity with no signs of numbness or tingling. His physical examination findings included positive Spurling's test bilaterally and decreased sensation along the C6 and C7 dermatomes bilaterally. A recommendation was made for bilateral C5-6 and C6-7 epidural steroid injections based on the injured worker's radicular symptoms on physical examination and neural foraminal stenosis on MRI. It was also noted that he had failed conservative treatment including physical therapy, chiropractic treatment, medication, and a home exercise program. His most recent clinical note dated 12/18/2013 indicated that the injured worker continued to complain of cervical spine pain, his physical examination continued to reveal bilateral positive Spurling's test and decreased sensation along the C6 and C7 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C5 6 AND C6 7 TRANSFACET EPIDURAL STEROID INJECTION:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs), PAGE 46

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for injured workers with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the injured worker needs to be shown to have been initially unresponsive to conservative treatment. The clinical information submitted for review indicates that the injured worker has cervical spine pain with radiation into his upper extremities, as well as evidence on physical examination of decreased sensation in the C6 and C7 dermatomes bilaterally. It was also state that the injured worker's MRI had revealed neural foraminal stenosis; however, the injured worker's cervical spine MRI report was not provided for review in order to corroborate the findings with his physical examination findings. Therefore, despite the evidence of failed conservative treatment and radiculopathy on physical examination, in the absence of an MRI report, the request is not supported. As such, the request is non-certified.