

Case Number:	CM13-0050715		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2013
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/14/2013

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 52-year-old male who reported injury on 05/07/2013. The mechanism of injury was stated to be the patient sat in a chair and it fell apart sending the patient to the floor as there was 1 bolt holding the chair together. The patient landed on the floor and the chair. The patient was noted to undergo an MRI of the cervical spine without contrast on 06/21/2013. The patient was noted at the level of C5-6 to have bilateral uncovertebral hypertrophy which caused moderate to severe bilateral neural foraminal narrowing with encroachment upon both exiting C6 nerve roots. At the level of C6-7, there was no significant right neural foraminal narrowing; however, there was mild left neural foraminal narrowing. The patient's diagnoses were noted to include cervicalgia, cervical disc degeneration, and brachial neuritis, NOS. The request was made for an epidural steroid injection at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical epidural steroid injection at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines recommend that for an epidural steroid injection radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing and must be initially unresponsive to conservative treatment. Clinical documentation submitted for review failed to include a PR-2 with an objective physical examination. The patient was noted to have positive objective findings on the MRI of the cervical spine. There was a lack of documentation indicating the dates of service, efficacy, and duration of conservative care. Given the above, the request for Outpatient Cervical epidural steroid injection at C5-6 and C6-7 is not medically necessary.