

Case Number:	CM13-0054061		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2012
Decision Date:	03/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 48-year-old female who sustained a work-related injury on 1/26/12. Subjective findings include shooting neck pain with paresthesias into the upper extremities. Objective findings include muscle spasms, tenderness to palpation over the upper trapezius and paravertebral muscles, and decreased cervical spine range of motion. An MRI of the cervical spine dated 7/12/13 revealed mild disc desiccation, broad-based disc protrusion which mildly impresses on the thecal sac, and no neural foraminal narrowing visualized. Current diagnoses include neck pain, sprain/strain with cervical radiculopathy, and multilevel disc herniation, and treatment to date includes physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical epidural steroid injection LT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM guidelines state that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical

procedures for nerve root compromise. The Official Disability Guidelines criteria for such injections include documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of conservative treatment. The patient is diagnosed with neck pain, sprain/strain with cervical radiculopathy and multilevel disc herniation. In addition, there is documentation of failure of conservative treatment. However, despite nonspecific documentation of subjective and objective findings, there is no documentation of radiculopathy. In addition, there is no documentation of imaging findings. Therefore, the request is not medically necessary.