

Case Number:	CM13-0054833		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2001
Decision Date:	03/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 male who reported an injury on 11/10/2001. The patient reportedly sustained an injury to the right knee while hanging onto a scaffolding. The patient is diagnosed with cervical spine disc protrusion, status post arthroscopy of the right knee, and status post lumbar discectomy. The patient was seen by [REDACTED] on 09/26/2013. The patient reported neck pain and headaches. Physical examination revealed tenderness to palpation at C3-7. Treatment recommendations included authorization for an epidural steroid injection at C3-4, C4-5, and C6-7, as well as physical therapy and continuation of current medications. The patient previously underwent an MRI of the cervical spine on 08/09/2012, which indicated annular tear at C3-4, C4-5, and C6-7, bilateral neural foraminal narrowing at C3-4, C4-5, and disc protrusion at C6-7 without nerve impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Cervical C3-4/C4-5/C6-7: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there was no indication of radiculopathy upon physical examination. There was also no evidence of a recent failure to respond to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. Furthermore, California MTUS Guidelines state no more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 sessions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.