

Case Number:	CM13-0055512		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2012
Decision Date:	03/31/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 31 year old female who reported an injury on 03/12/2006. The patient reported gradual pain secondary to repetitive work duties. The patient is currently diagnosed with cervical disc protrusion and cervical radiculopathy. The patient was seen on 12/11/2013. The patient reported persistent neck pain. Physical examination revealed tenderness to palpation, guarding, spasm, trigger points, decreased range of motion, and intact sensation. Treatment recommendations included continuation of current medication and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 Cervical Epidural Steroid Injection: Upheld

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

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 evidence of radiculopathy upon physical examination. There was no imaging study or electrodiagnostic report submitted for review. There is also no documentation of an unresponsiveness to recent conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.