

Case Number:	CM13-0056354		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2008
Decision Date:	05/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in 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 61-year-old female who reported an injury on 12/27/2008. The mechanism of injury was a fall. Review of the medical record reveals the injured worker's diagnoses include cervical spine disc disease, disc protrusion at C5-6 with bilateral neural foraminal stenosis and degenerative disc disease at C5-6 and C6-7, and cervical radiculopathy. The injured worker's prior medical treatment included the use of TENS, home exercise program, physical therapy, and steroid injection. The injured worker complains of frequent neck pain, which she rates 5/10 to 6/10 with radiation to her right upper extremity. She also has complaints of occasional low back pain, which she rates 3/10 to 4/10 with radiation to bilateral lower extremities, left side worse than right. The injured worker complained of intermittent left shoulder pain, which she rates 6/10 with radiation to the neck and down the upper extremities with numbness and tingling noted as well. Physical examination revealed reflexes measured at 2 at the C5 nerve root distribution bilaterally, and 2 on the right with 1 on the left at the C6 and C7 nerve root distribution. Motor strength of the upper extremities was measured at 5/5 in the deltoid bilaterally. Spurling's and cervical compression test were noted to be positive bilaterally as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION C6-7 TO THE LEFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The requested service is for an epidural steroid injection at C6-7 to the left. Epidural steroid injections require documentation of radiculopathy upon examination and corroborated by diagnostic studies or imaging studies, and for radicular pain in patients who have been unresponsive to conservative treatments, to include exercise, NSAIDs, muscle relaxants, and physical therapy. The MRI provided dated 06/17/2013 reports that there is no extrusion or sequestration of the disc material, and no cord compression noted. In addition, there is also a lack of documentation in the medical record of failed conservative treatments. As such, criteria for the requested service have not been met, per California MTUS Guidelines, and the request for epidural steroid injection at C6-C7 to the left is non-certified.