

Case Number:	CM13-0066374		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2008
Decision Date:	04/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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:

██████████ is a man who sustained a work-related injury on June 8, 2008. He subsequently developed chronic neck pain. The patient underwent cervical surgery on July 2009 and July 2011. According to the note of October 31, 2013, the patient was complaining of chronic neck pain radiating into the upper extremities. His physical examination demonstrated decreased cervical range of motion, without any neurological focal findings. The provider requested the cervical epidural steroid injection

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Pain Page(s): 173,309.

Decision rationale: According to the MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no

significant long term benefit or reduction for the need of surgery. Furthermore, the employee's file does not document that the employee is a candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy.