

Case Number:	CM13-0066576		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2003
Decision Date:	03/26/2014	UR Denial Date:	11/20/2013
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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 43-year-old female who has date of injury of March 12, 2003. The injury occurred when the patient was stocking merchandise at work. She has chronic neck pain. The patient has had physical therapy, home exercises, and medications. Physical examination reveals restriction of right shoulder motion normal biceps deltoid strength in the upper extremity. MRI from January 2012 of the cervical spine shows degenerative disc condition at the C5-C6 level. The patient had right shoulder arthroscopy in August 2012. At issue is whether cervical epidural steroid injection is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

right C5-6 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

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

Decision rationale: This patient does not meet established criteria for cervical epidural steroid injection. Specifically, the patient does not have documented radiculopathy in the upper extremities. In addition, the patient does not have correlation between specific compression of I

nerve root on MRI imaging studies and physical examination demonstrating radiculopathy. The patient does not have physical examination documenting specific cervical radiculopathy. The patient does not have MRI evidence of specific compression of the nerve root that correlates with a physical exam. Established criteria for cervical epidural steroid injection are not met.