MAXIMUS Federal Services

Case Number:	CM13-0069510		
Date Assigned:	01/24/2014	Date of Injury:	08/16/2007
Decision Date:	05/28/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Pain Medicine 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 48-year-old female, who reported an injury of 08/16/2007, from pulling a pallet. The clinical note dated 11/25/2013, reports neck and back pain. On examination, the Spurling's maneuver caused increased left arm paresthesia. There was also decreased sensation throughout the entire upper and lower extremity. An MRI report dated 11/22/2013, reports a small broad-based 10x3mm left lateral disc protrusion at C5-6, with partial compression upon the ventral sac and no compression or displacement of the cervical cord or nerve roots. The electromyogram (EMG) dated 11/13/2012, did indicate C7 radiculopathy. The injured worker was diagnosed with cervicalgia and unspecified idiopathic peripheral neuropathy. The request for authorization form was not included in this review. The rationale for an epidural steroid injection was due to radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C5-C6 CERVICAL EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIUDRAL STEROID INJECTION Page(s): 46.

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

Decision rationale: The Chronic Pain Guidelines indicate that epidural steroid injections can be used as an option for the treatment of radicular pain. Epidural steroid injections can offer short term pain relief and should be in conjunction with other rehab efforts, including continuing a home exercise program. The documentation provided does not indicate bilateral cervical radiculopathy occurring at the C5-6 level based on physical exam findings. There is also no documentation of prior conservative treatment. Therefore, the request is non-certified.