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| Case Number: | CM13-0071977 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 07/21/2010 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 12/24/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 Orthopedic 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 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 patient is a 64-year-old female with a date of injury of July 21, 2010. She is diagnosed with cervical sprain MRI the cervical spine in October 2012 documented disc osteophyte complex at C3-4 with mild left foraminal stenosis. There is no evidence of significant neural compression on the MRI. Physical examination shows spasms in the trapezius muscle and decreased range of motion of the neck. Motor functions were normal deep tendon reflexes were normal in the biceps and brachioradialis. Left triceps was diminished reflex. Patient is diagnosed with cervical strain. Patient's had physical therapy and medications to include NSAID medication. Patient continues to have neck pain. At issue is whether epidural steroid injection is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH [REDACTED] FOR POSSIBLE CESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Epidural steroid injections (ESIs) page 46.

Decision rationale: Establish criteria for cervical epidural steroid injection are not met. The patient does not have correlation between physical examination of cervical radiculopathy and corresponding compression of the nerve root on imaging study. In fact the cervical MRI does not show any evidence of significant spinal canal stenosis or significant neurologic compression. There is no correlation between radiculopathy on exam and cervical imaging studies. Criteria for cervical epidural steroid injection are not met.