

Case Number:	CM14-0000500		
Date Assigned:	01/29/2014	Date of Injury:	07/28/2007
Decision Date:	06/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 44 year-old female who sustained an injury to her neck on 07/28/07. The mechanism of injury was not documented. There was no recent imaging report provided for review; however, an MRI of the cervical spine dated 10/03/07 revealed annular bulge and small central protrusion at the neck (C5-6) resulting in mild narrowing of the central canal; no significant impingement on the cervical cord or neuroforamina. The injured worker was diagnosed with cervical disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT TRANSFORAMINAL ESI WITH FLUOROSCOPY RIGHT C5-6, C6-7:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. Given the

inefficacy of previous injection at the requested level, medical necessity of the request for a repeat transforaminal epidural steroid injection with fluoroscopy at right C5-6 and C6-7 has not been established.