

Case Number:	CM14-0105668		
Date Assigned:	07/30/2014	Date of Injury:	03/12/2003
Decision Date:	09/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Practice 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 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:

Claimant is a 43 year old female who sustained a work injury on 6/2/14 involving the right shoulder and back. She was diagnosed with cervical degenerative disc disease and C5-C6 canal stenosis from n magnetic resonance imaging (MRI) on 1/5/12. She had taken Norco and Naproxen for pain relied. A progress note on 6/2/14 indicated the claimant had continued neck pain. Exam findings were notable for loss of lordosis of the cervical region with reduced range of motion and radicular findings. The treating physician requested an epidural steroid injection to improve symptoms. She had a prior injection in 2010 that provided 50% pain relief.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional

benefit or reduce the need for surgery. The request for cervical epidural steroid injections is not medically necessary.