

Case Number:	CM14-0010594		
Date Assigned:	02/21/2014	Date of Injury:	01/17/2011
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 62-year-old female who sustained an injury to her neck on 01/17/11. The mechanism of injury was not documented. The physician progress report dated 12/17/13 reported that the injured worker continued to complain of pain in her neck that has flared-up. She stated her shoulders are improving status post surgery and close to 60-70% better. She is awaiting authorization for repeat cervical epidural steroid injection. Physical examination noted positive tenderness over the paracervical musculature; negative Spurling's sign; normal lordosis; negative muscle spasms; motor strength 5/5; neurologically intact; range of motion without deficits; reflexes 2+ throughout the bilateral upper extremities; positive greater tuberosity tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION RIGHT C5, C6, C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The previous request was denied on the basis that there was no documentation of radiculopathy noted in the previous report. The CA MTUS state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no focal neurological deficits, loss of motor strength or decreased reflexes/sensory on physical examination. The MTUS also state that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Given the clinical documentation submitted for review, medical necessity of the request for cervical epidural steroid injection at right C5-6 and C6-7 has not been established. The recommend is non-certification.