

Case Number:	CM14-0019942		
Date Assigned:	04/28/2014	Date of Injury:	10/08/2012
Decision Date:	07/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 Physician 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 58 year old male with date of injury 10/8/2012. The mechanism of injury is not specified in the available medical records. The patient has complained of chronic cervical spine pain since the date of injury and has been treated with medications, physical therapy, TENS unit, acupuncture, cervical collar and chiropractic therapy. MRI of the cervical spine dated 4/2/2013 revealed C3-C6 degenerative disc disease. Objective: decreased range of motion of the cervical spine, decreased sensation in C8 dermatome on the right. Diagnoses: cervical spine sprain and strain, cervical radicular syndrome. Treatment plan and request: cervical epidural corticosteroid injections C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C5-6 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS.

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

Decision rationale: This injured worker has complained of cervical spine pain since date of injury 10/8/2012. The injured worker has been treated with acupuncture, chiropractic therapy, physical therapy, TENS unit, cervical collar and medications. According to the MTUS guideline cited above, invasive techniques in the treatment of neck pain, to include local injections and

facet joint injections of cortisone, lidocaine or both medications have no proven benefit in the treatment of cervical spine pain and offer no significant long term functional benefit. On the basis of this MTUS guideline, cervical epidural corticosteroid injection C5-6 is not indicated as medically necessary.