

Case Number:	CM14-0166909		
Date Assigned:	10/14/2014	Date of Injury:	11/09/2011
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine 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 53-year-old date of injury of 11/9/2011. The patient has chronic neck pain. She takes narcotics. Physical exam shows 5 of 5 upper extremity strength and decreased sensation over the right hand third fourth and fifth digits. Spurling test is negative. There is tenderness palpation of the cervical spine. MRI the cervical spine from April 2014 shows C6-7 moderate canal stenosis with broad-based disc bulge. Neurophysiologic testing done in August 2014 shows chronic right C6 radiculopathy. The patient had medications. The patient continues to have pain. At issue is whether cervical epidural steroid injection and spine surgical consult are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records do not document that this patient has tried and failed adequate conservative measures for treatment of degenerative neck pain. Specifically, the medical records do not document a recent trial and failure physical therapy. In addition, the

medical records do not document progressive neurologic deficit or myelopathy. Referral to a spine surgeon is not medically necessary at this time, per MTUS.

Cervical epidural steroid injection C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck pain chapter

Decision rationale: The medical records do not document a recent trial and failure physical therapy. Prior to epidural steroid injection being performed the patient must have an adequate trial of conservative measures to include physical therapy. Since conservative measures have not been adequately tried for the treatment of degenerative neck pain, then a cervical epidural steroid injection is not medically necessary.