

Case Number:	CM14-0032491		
Date Assigned:	04/14/2014	Date of Injury:	02/10/2010
Decision Date:	05/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/11/2014

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 Neurology 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:

The injured worker (IW) is a 55 year old male who was initially injured at work on 2/10/10. The mechanism of the injury is result of using an impact gun to shoot rivets. The IW complained of pain in the right arm, wrist and hand due to the repetitive motions. On his physical exam findings from 12/26/13, the injured worker complains of pain on the right side of his neck and numbness in both arms. His physical exam findings indicated he has full range of motion of the cervical spine and a normal motor examination. He does have decreased reflexes of the upper extremities but these are symmetric. His cervical spine MRI from 5/15/13 is notable for a C3-C4 disc protrusion measuring 4 mm that is posterior central and right paracentral with severe spinal stenosis and mild cord compression. At C4-C5 there is a 2-3 mm posterior disc protrusion with mild to moderate spinal stenosis. At C6 -C7 there is a 5 mm anterior disc protrusion and C7-T1 there is a disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: California MTUS reference of Chronic Pain Medical Treatment Guidelines with regards to epidural steroid injections does not support the use of epidural steroid injections for the treatment of radicular cervical pain as there is insufficient evidence. Based on this reference, the request for an epidural injection at C5-C6 is not medically necessary.