

Case Number:	CM14-0038718		
Date Assigned:	06/27/2014	Date of Injury:	05/06/1996
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Preventative Medicine, 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 employee is a 66-year-old woman who sustained a work-related injury in 1996 when she slipped and fell at work. She has current diagnoses of cervical disc injury and cervical facet arthralgia. She has tenderness over the cervical spine and limited range of motion. An MRI from 2012 demonstrated a C5-6 left paracentral disk osteophyte formation with moderate central canal stenosis, left lateral recess impingement, and a severe left neural foraminal narrowing. She has had a variety of treatments thus far including pain medication, activity modification, TENS unit, acupuncture, physical therapy, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Interlaminar Epidural Steroid Injection at C7-T1: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Guidelines indicate that the purpose of an epidural steroid injection is to reduce radicular pain and inflammation, restore range of motion and facilitate progress in more active treatment programs, and avoiding surgery. The

guideline also notes that this treatment alone offers no significant long-term functional benefit. There is very little evidence in the medical record of what other treatment modalities are being used to improve functional capacity. In this case, there are no specific exam findings that denote nerve root involvement. Furthermore, the California MTUS states that no more than a single interlaminar level should be injected at one session. Therefore, a cervical interlaminar epidural steroid injection from C7-T1 is not medically necessary.