

Case Number:	CM14-0039895		
Date Assigned:	06/27/2014	Date of Injury:	09/04/2012
Decision Date:	08/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 46 year old male whose date of injury is 09/04/12. The mechanism of injury is described as a motor vehicle accident when he was rear-ended while stopped at a red light. Magnetic resonance image of the cervical spine dated 09/25/12 revealed at C3-4 there is a broad based right paracentral disc extrusion which contacts the right ventral cord. There is minimal flattening of the right ventral cord. There is no gross cord compression present. At C6-7 there is a 2 millimeter posterior annular bulge. Mild to moderate right and mild left foraminal compromise is noted. No nerve root impingement or cord compression is identified. Note dated 08/26/13 indicates that the injured worker has not undergone any physical therapy as of this date. Treatment to date includes physical therapy, acupuncture and medication management. Progress report dated 01/13/14 indicates that the injured worker continues to work full time, light duty. Diagnoses are cervical disc displacement and cervicobrachial syndrome. Progress report dated 05/12/14 indicates that the injured worker received a cervical epidural steroid injection with no relief and worsening of neck pain. Follow up note dated 06/26/14 indicates that the injured worker has more neck pain after cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C6-7 interlaminar epidural steroid injection: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for C3-4, C6-7 interlaminar epidural steroid injection is not recommended as medically necessary. The submitted records indicate that the injured worker underwent prior cervical epidural steroid injection and did not report any benefit. California Medical Treatment Utilization Schedule (CA MTUS) guidelines require documentation of at least 50% pain relief for at least 6-8 weeks prior to repeat epidural steroid injection. Additionally, the most recent physical examination submitted for review fails to establish the presence of active cervical radiculopathy as required by CA MTUS guidelines.