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| Case Number: | CM14-0053899 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/14/2010 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Nevada. 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 records presented for review indicate that this 52 year old female was reportedly injured on April 14, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of right sided neck pain radiating to the right upper extremity. The physical examination demonstrated a positive Spurling's test to the right and left side. Diagnostic imaging studies of the cervical spine indicated mild cervical spondylosis at C5 to C6 and C6 to C7 Previous treatment is unknown. A request was made for an epidural steroid injection at C6 to C7 and was not certified in the preauthorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at level C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for epidural steroid injections include that a radiculopathy must be documented by

physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the medical record there is no physical examination findings of a radiculopathy nor is there any potential neurological involvement on the cervical spine MRI. Considering this, the request for an Epidural Steroid Injection at the C6 to C7 level is not medically necessary.