

Case Number:	CM13-0040419		
Date Assigned:	12/20/2013	Date of Injury:	05/21/2010
Decision Date:	12/10/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 34-year-old female who reported an injury on 05/21/2010. The mechanism of injury was not provided in the medical records. The patient's diagnoses include status post C6-7 anterior cervical discectomy and fusion on 03/23/2011. She was also noted to have had an anterior cervical hardware removal with fusion on 05/29/2013. Her symptoms are noted to include ongoing neck, upper back, low back, and upper extremity pain. Her most recent physical exam findings from her 05/17/2013 office note revealed decreased grip strength in the bilateral upper extremities. An MRI on 03/08/2013 was noted to reveal recurrent right paracentral and lateral 3 mm disc protrusion to the left greater than the right lateral recess, flattening and abutting the anterior portion of the thecal sac with mild to moderate lateral neural foraminal stenosis with no cord compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-7 cervical epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination and corroborated by imaging studies. The clinical information submitted for review indicates that the patient had bilateral decreased grip strength; however, her most recent MRI was noted to reveal no cord compression or nerve root impingement at the C6-7 level. The formal MRI study was not provided in the medical records for review. In the absence of significant objective findings consistent with radiculopathy and corroboration by imaging studies, the request for epidural steroid injection is not supported. Therefore, the request for the bilateral C6-7 cervical epidural is not medically necessary.