

Case Number:	CM13-0072551		
Date Assigned:	04/03/2015	Date of Injury:	10/26/2006
Decision Date:	05/04/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60-year-old, male who sustained a work related injury on 10/26/06. The diagnoses have included cervical spine surgery, cervical spine degenerative disc disease and cervical spine foraminal stenosis. Treatments have included medications and MRI of cervical spine on 5/11/11. In the PR-2 dated 11/6/13, the injured worker complains of increased neck pain radiating to right arm. He states he has difficulty with daily activities. The neck range of motion is limited by pain. He has tenderness in paracervical musculature with spasm at cervical spine. The treatment plan is a referral for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x1 to the right C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long term benefit or reduction for the need of surgery. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection to the right 6-7 is not medically necessary.