

Case Number:	CM14-0186135		
Date Assigned:	11/14/2014	Date of Injury:	06/23/2011
Decision Date:	12/30/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 injured worker has a date of injury of 6/23/11. He complains of persistent neck pain and occipital headache with radiation to the right shoulder. He has been diagnosed with cervical spinal stenosis and intervertebral disc degeneration. Treatment includes gabapentin, sumatriptan, Naprosyn and tramadol. Physical examination is reported as impaired cervical range of motion secondary to neck stiffness. Upper extremity neurologic exam is reported as normal. 2/7/14 cervical MRI reported evidence of multilevel degenerative disc without evidence of central spinal stenosis. On 10/13/14 request was made for cervical epidural steroid injection C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar cervical ESI at C5-C6 with fluoroscopy: Upheld

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

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

Decision rationale: The injured worker presents with chronic neck pain diagnosed as cervical degenerative disc disease. Neck pain is described as constant with radiation to the right shoulder. Neurologic exam is normal and cervical provocative maneuvers are negative. MRI of the

cervical spine is negative for cervical stenosis or neural encroachment. Cited guidelines indicate evidence of radiculopathy by physical examination and concordant imaging studies or electrodiagnostic studies must be documented. Neither requirement is met in the case of this injured worker's examination or imaging studies. Request for cervical epidural steroid injection is not medically necessary.