

Case Number:	CM13-0002935		
Date Assigned:	12/13/2013	Date of Injury:	05/12/2011
Decision Date:	02/26/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in 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 physician 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 patient is a 52-year-old male who reported an injury on 5/12/11 due to a motor vehicle accident that caused injury to the cervical and lumbar spine. The patient failed to respond to physical therapy and lumbar epidural steroid injections. The patient's chronic pain was managed with medications. The patient's surgical history included a left L5 and S1 laminectomy with complete facetectomy and foraminotomy. The patient developed radicular symptoms of the cervical spine in the left C6 and right C8 dermatomes. The patient received an epidural steroid injection at the C6-7 levels in August 2013. The patient reported partial pain relief for several weeks. The patient's most recent clinical examination findings included limited cervical spine range of motion with 8-9/10 pain that is decreased with medications. The patient's diagnoses included left chest wall pain, neck pain, low back pain, left ankle sprain, and memory difficulties. The patient's treatment plan included an additional epidural steroid injection and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 cervical interlaminar epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends repeat injections be based on pain relief of 50% or greater for 6-8 weeks as a result of the initial injection. The clinical documentation submitted for review does not provide any evidence that the patient has received an epidural steroid injection at the C7-T1 level, but it does state that the patient previously received an epidural steroid injection at the C6-7 level. As there is no documentation of an initial injection at the C7-T1 level, additional injections would not be supported. Therefore, the repeat C7-T1 cervical interlaminar epidural steroid injection (ESI) is not medically necessary or appropriate.