

Case Number:	CM13-0020646		
Date Assigned:	04/25/2014	Date of Injury:	09/05/2006
Decision Date:	07/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 patient is a 54 year old female, with a date of injury on 9/5/2006. Subsequent to the injury she has developed chronic cervical, lumbar and left knee pain. She has been treated with surgery, including a lumbar spinal fusion in 2008 and more recently a total knee replacement on the left. She is currently treated with oral anagesics. An updated lumbar MRI test revealed no spinal stenosis of the cord or nerve roots. In the records reviewed there are no reports of a cervical MRI or upper extremity electrodiagnostics. Cervical spondylosis has been diagnosed and the treating physician has documented exam findings consistent with a left C5 and/or C6 radiculopathy. A cervical epidural injection was requested without specifying the type or location.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID Page(s): 46.

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

Decision rationale: MTUS Guidelines are very specific that in addition to clinical support for radiculopathy (which has been provided) there has to be consistent confirmatory testing such as

an MRI and/or electrodiagnostics. At this point in time, the necessary confirmatory testing is lacking. As such, the request is not medically necessary.