

Case Number:	CM13-0023327		
Date Assigned:	12/11/2013	Date of Injury:	04/19/2012
Decision Date:	02/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 a work related injury on 04/19/2012, the mechanism of injury is the result of a fall. The patient presents for treatment of the following diagnoses: contusion of back, sprain/strain neck, and sprain/strain of lumbosacral spine. The clinical note dated 10/30/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient utilizes Elavil, Norco, and Norflex for his pain complaints. The provider documented the patient presents with complaints of low back pain and left lower extremity radicular pain. The provider indicated the patient was a candidate for a lumbar epidural steroid injection. The provider documented, upon physical exam of the patient, decreased sensations of the left lower extremity in an L4-5 distribution; decreased left Achilles reflex were noted. The patient had slight weakness to the left hamstring and plantar flexors. The provider documented the patient had reoccurrence of trigger points to the left neck muscles. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Injection C6-C7: 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.

Decision rationale: The current request is not supported. Per the clinical documentation evidenced, electrodiagnostic studies performed on 10/24/2013 revealed the patient presented with a mild left C6 radiculopathy. Objectively upon physical exam of the patient, the clinical notes failed to evidence findings of radiculopathy. The patient presented with no motor, neurological, or sensory deficits upon physical exam of the cervical spine, or upper extremities, in the most recent clinical notes submitted for review. California MTUS indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given all the above, the request for outpatient cervical epidural injection C6-7 is not medically necessary or appropriate.