

Case Number:	CM13-0029813		
Date Assigned:	12/18/2013	Date of Injury:	01/25/2007
Decision Date:	08/01/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 is a 60-year-old individual who was injured on 1/25/07. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 10/25/13, indicated that there are ongoing complaints of neck pain and bilateral hand pains. The physical examination revealed the cervical spine was positive for tenderness to palpation. Otherwise, there was no accurate documentation of any other findings. EMG of the upper and lower extremities was referenced in the note dated 10/7/13; the study was normal. Previous treatment included referral to pain management and referral to rheumatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL C4-C5 AND C5-C6 TRANSFACET EPIDURAL STEROID INJECTION:
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 MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in

individuals who have not improved with conservative care. After reviewing the medical documentation provided, there was a reference to an electromyogram/nerve conduction study of bilateral upper and lower extremities, which was unremarkable. There was no identifiable objective clinical documentation supporting the need for an epidural steroid injection according to the guidelines. Therefore, the request for this procedure is deemed not medically necessary.

1 FOLLOW-UP AFTER THE PROCEDURE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.