

Case Number:	CM13-0035660		
Date Assigned:	12/13/2013	Date of Injury:	06/10/2009
Decision Date:	02/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Interventional Spine 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 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:

This is a 63 year-old female with a 6/10/09 industrial injury claim. The current diagnoses from the 9/26/13 report from [REDACTED] includes: cervical disc; lumbar disc; s/p right knee arthroscopy on 5/16/12. The IMR application shows a dispute with the 10/3/13 UR denial for a cervical epidural injection at C3/4, C4/5 and C5/6. The Utilization Review (UR) letter was from [REDACTED] and was based on the 5/8/12 cervical MRI and 9/26/13 medical report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Steroid Injection C3-4, C4-5 and C5-6: Upheld

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

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

Decision rationale: MTUS has specific criteria for epidural injections, including: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "No more than one interlaminar level should be injected at one session". The 9/26/13 PR2 does not describe any subjective or objective

neurologic findings in the distribution of any cervical nerve roots. The 350 pages of records provided for this IMR did not include any cervical imaging studies or cervical/upper extremity electrodiagnostic studies. The request is also for a CESI at three levels. The MTUS requirements for epidural injections are not met; this is not in accordance with MTUS guidelines.