

Case Number:	CM13-0038006		
Date Assigned:	12/18/2013	Date of Injury:	08/11/2008
Decision Date:	04/01/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. He/she has been in active clinical practice for more than five years and is currently working least at 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 65-year-old male who reported an injury on 08/11/2008. The patient was reportedly crushed by a 300 to 400 pound item that pinned his left leg against the floor. The patient is currently diagnosed with low back pain, cervical pain, knee pain, shoulder pain, lumbar degenerative disc disease, cervical disc disorder, lumbar radiculopathy, lumbar facet syndrome, and hip bursitis. The patient was seen by [REDACTED] on 09/26/2013. The patient reported persistent pain over multiple areas of the body. Physical examination of the cervical spine revealed restricted range of motion, hypertonicity, and tenderness to palpation. The patient demonstrated 5/5 motor strength in bilateral upper extremities with the exception of shoulder external rotation. Treatment recommendations included a cervical and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection (no spine level and laterality provided): 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: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient does not demonstrate radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is also no evidence of an exhaustion of conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. As per the documentation submitted, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.