MAXIMUS Federal Services

Case Number:	CM13-0038371		
Date Assigned:	01/15/2014	Date of Injury:	08/15/2011
Decision Date:	04/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 & Rehabilitation, 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 61-year old female with a date of injury of 8/15/11. She injured her shoulders, low back and neck when she caught someone who was falling to the floor. It appears that cervical and lumbar ESI was recommended on a basis of "nerve conduction" studies that were reportedly positive for radiculopathy. None of the submitted reports reflect symptoms suggestive of a C5-6 or L5-S1 radiculopathy. None of the reports have an exam that reflects objective findings consistent with the diagnosis of cervical or lumbar radiculopathy. No cervical/lumbar MRI is submitted. The actual nerve conduction study is submitted, and there is no interpretation submitted from the diagnostician. These reports do not include needle EMG portion. This was submitted twice to Utilization Review according to reports submitted to me. The 3/01/13 UR report and 12/12/13 UR report both do not recommend certification for cervical/lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and L5-S1 epidural steroid injections: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Guidelines do support ESI injections in patients with clear clinical findings suggestive of radiculopathy that is corroborated by exam and diagnostic imaging and/or EMG, and that has failed initial conservative care. The Guidelines do not recommend cervical and lumbar ESI to be done on the same day. In this case, there are no symptoms or exam findings suggestive of cervical or lumbar radiculopathy. There is an electrodiagnostic report submitted, but it only contains nerve conduction, and not needle EMG. Nerve conduction studies do not establish a diagnosis of cervical radiculopathy, needle EMG does this. Finally, there is no mention of MRI findings that support the diagnosis of cervical or lumbar radiculopathy with anatomical findings that correlate. Medical necessity is note established.