

Case Number:	CM13-0044360		
Date Assigned:	12/27/2013	Date of Injury:	10/01/1981
Decision Date:	03/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Texas. 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 an 87-year-old male who reported injury on 10/10/2012. The mechanism of injury was not provided. The patient had an epidural steroid injection at the level of C2-C3 on the left on 05/22/2012. The physical examination revealed that the patient had decreased range of motion in the cervical spine. The patient's diagnosis was noted to be lumbar radiculopathy, post laminectomy syndrome of the cervical and lumbar region. The request was made for a left transforaminal C2-3 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left transforaminal C2-C3 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment use of Epidural steroid injections.

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

Decision rationale: The Chronic Pain Guidelines indicate that for repeat epidural steroid injections, there must be objective documented pain and functional improvement, including at least 50% pain relief, with an associated reduction of medication use for six to eight (6-8) weeks.

Clinical documentation submitted for review failed to indicate that the patient had signs/symptoms or objective findings of radiculopathy. The patient was noted to have a left cervical epidural steroid injection in 2012, and there was a lack of documentation of the above criteria being met. Given the above, the request for a left transforaminal C2-C3 epidural steroid injection is not medically necessary.