

Case Number:	CM13-0048795		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2011
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Illinois. 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 a 54-year-old injured worker who reported an injury on 04/13/2011. The patient's treatment history included medications and physical therapy. The patient's most recent clinical examination findings included tenderness to palpation of the lumbar spine with limited range of motion secondary to pain and a positive Kemp's test. The patient's diagnoses included carpal tunnel syndrome, cervical spine multiple disc protrusions and lumbar spine sprain/strain. The patient's treatment plan included cervical epidural steroid injections.

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 to C5-6 and C6-7: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends cervical epidural steroid injections for patients who have physical findings of radiculopathy corroborated by an imaging study that have failed to respond to conservative therapy. The clinical documentation submitted for review does provide evidence that the patient

has subjective complaints of radiculopathy of the cervical spine. However, there were no objective physical findings to support radiculopathy to include motor strength weakness, depressed reflexes, or sensation disturbances. Additionally, the clinical documentation did not provide an imaging study of the cervical spine to support nerve root pathology. The request for outpatient cervical epidural steroid injection to the C5-6 is not medically necessary and appropriate.

Surgical clearance: 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.

Post injection physical therapy, twice a week for six weeks: 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.