

Case Number:	CM13-0057727		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2006
Decision Date:	04/10/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 57-year-old male who reported an injury on 04/22/2006. The mechanism of injury was noted to be a fall and heavy lifting. The documentation submitted for review dated 10/01/2013, revealed the patient was having more trouble with his neck and wanted a referral to a pain management specialist. The diagnosis was noted to be cervical disc bulges. The treatment plan was noted to include a referral to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: 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: The California MTUS Guidelines recommend an epidural steroid injection when a patient has documented radiculopathy by objective physical examination that is corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide documentation of the above recommendations including myotomal and dermatomal

findings. The request as submitted failed to indicate the level for the epidural steroid injection. Given the above, the request for a cervical epidural steroid injection is not medically necessary.