

Case Number:	CM13-0058422		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2009
Decision Date:	08/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 records presented for review indicate that this 59-year-old male was reportedly injured on March 1, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of neck pain and low back pain. There was notation to be improvement of the low back pain with recent epidural steroid injections. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness across the lower back. There were positive impingement signs to the right shoulder and mild edema in the right ankle. A neurological examination noted weakness of the right upper extremity and decreased sensation at the bilateral C6, C7, and C8 dermatomes as well as the right lower extremity L4, L5, and S1 dermatomes. There was a positive right-sided straight leg raise test. The treatment plan included cervical spine epidural steroid injections, Toradol, oxycodone, Voltaren, and Soma. Previous treatment includes cervical spine epidural steroid injections.

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 ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), epidural steroid injection, updated may 30th 2014.

Decision rationale: The most recent progress note dated, April 4, 2014, recommends additional cervical spine epidural steroid injections. It was stated that the injured employee had a good response with previous epidural steroid injections, however, it is not stated what percentage of pain relief and for how long of a time period this was achieved for. Furthermore there is no objective study to confirm the injured employee's upper extremity radicular symptoms. For these multiple reasons this request for a cervical spine epidural steroid injection is not medically necessary.