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| Case Number: | CM13-0066031 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/01/2004 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 & 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 patient is a 71 year old male with an injury date of 05/01/04. Based on the 11/18/13 progress report by [REDACTED], the patient is diagnosed with neck pain with cervical radiculopathy s/p multiple previous cervical spine surgeries with anterior and posterior fusions. On 11/06/13, the patient had a C7-T1 interlaminar epidural steroid injection under fluoroscopic guidance and a C7-T1 epidurogram. [REDACTED] is requesting for a cervical epidural injection. The utilization review determination being challenged is dated 11/25/13 and recommends denial of the epidural steroid injection. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/13- 12/02/13.

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 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Epidural steroid injections Page(s): 46,47.

Decision rationale: According to the 11/18/13 progress report, the patient presents with neck pain with cervical radiculopathy s/p multiple previous cervical spine surgeries with anterior and

posterior fusions. The request is for a cervical epidural steroid injection. The 11/18/13 progress report states that the patient "has not experienced significant benefit from the cervical ESI on 11/6/13." The MTUS Chronic Pain Guidelines require 50% reduction of pain lasting 6 weeks or more with a reduction in medication use for repeat injection. In this patient, such is not documented. Due to the failure of previous injections, the request is not medically necessary and appropriate.