

Case Number:	CM13-0066040		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2002
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/15/2013

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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 62-year-old female who reported an injury on 05/10/2002. The mechanism of injury was not provided for review. The patient developed chronic body pain and chronic fatigue. The patient's treatment history included a home exercise program, the use of a transcutaneous electrical nerve stimulation (TENS) unit, psychiatric support, and multiple medications. The patient's most recent clinical examination was dated 07/01/2013 and documented that the patient had continued total body pain, chronic fatigue, and sleep disturbances. Objective findings included a normal neurological examination, no rheumatoid arthritis deformities and no new joint swelling. The patient's diagnoses included myalgia and myositis, and lumbar disc displacement. The patient's treatment plan included continuation of medications. A request was made for a C6-7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) C6-7 CERVICAL EPIDURAL STEROID INJECTION: 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 Medical Treatment Utilization Schedule recommends that epidural steroid injections are appropriate for patients who have documentation of radicular findings upon examination that are corroborated by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does provide that the patient has an extended history of conservative treatment. However, there were no recent clinical examination findings to support that the patient has cervical radiculitis. Additionally, there was no imaging study submitted for review to support nerve root involvement at the C6-7 level. As such, the prospective request for 1 C6-7 epidural steroid injection is not medically necessary or appropriate.