

Case Number:	CM13-0068215		
Date Assigned:	05/07/2014	Date of Injury:	09/12/2011
Decision Date:	07/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Surgeon and is licensed to practice in Maryland. 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 injured worker is a 55-year-old female who sustained injuries to her bilateral upper extremities, neck and low back due to her daily customary duties as a lead production technician on 09/12/11. An MRI of the lumbar spine dated 10/24/12 revealed an annular tear at L4-5; degenerative disc disease at L3-4 and L4-5; foraminal narrowing at L4-5; moderate central canal stenosis at L3-4, mild at L4-5. Cervical spine MRI dated 11/30/11 revealed congenitally narrow spinal canal; mild disc bulges resulting in spinal canal stenosis, most notably at C4-5 and C5-6. Treatment to date has included nine physical therapy, thirty chiropractic visits and five acupuncture visits. A cervical epidural steroid injection at an unspecified level was approved on 06/19/13, but the injured worker stated that she did not wish to proceed with the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

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

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

Decision rationale: The level/laterality was not specified in the request. The California Medical Treatment Utilization Schedule (CAMTUS) states that no more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Given that the level/laterality was not specified in the request and the clinical documentation submitted for review, medical necessity of the request for lumbar epidural steroid injection has not been established. Therefore, the request for lumbar epidural injection is not medically necessary and appropriate.

CERVICAL EPIDURAL INJECTION: Upheld

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

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

Decision rationale: The level/laterality was not specified in the request. The California Medical Treatment Utilization Schedule (CAMTUS) states that no more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Given that the level/laterality was not specified in the request and the clinical documentation submitted for review, medical necessity of the request for cervical epidural steroid injection has not been established. Therefore, the request for cervical epidural injection is not medically necessary.