

Case Number:	CM13-0068270		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2010
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Illinois. 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 41-year-old male who reported an injury on 07/30/2010. The mechanism of injury was that the injured worker was opening a sliding door, but the door was defective. The injured worker indicated that the door came down, and hit him across the top of his head and neck and knocked him to the floor. The most recent documentation submitted for review was dated 06/13/2013. There was no DWC form, RFA nor PR-2 submitted for review for the requested procedure. The diagnoses included sprains and strains of the thoracic region. The requested procedure was a bilateral epidural steroid injection at T1-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL EPIDURAL STEROID INJECTION AT THE T1-T2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommended epidural steroid injections when there are objective findings of radiculopathy upon physical examination, when there is corroboration by electrodiagnostic testing or MRI and when there is documentation that the

injured worker's pain has failed initial conservative treatment. The medical records submitted did not indicate the above. Given the above, the request for bilateral epidural steroid injection at the T1-2 is not medically necessary.