

Case Number:	CM14-0004856		
Date Assigned:	01/24/2014	Date of Injury:	07/25/2010
Decision Date:	07/31/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 62 year old male with a reported date of injury on 07/25/2010. The mechanism of injury was not provided with the documentation available for review. The injured worker complained of severe mechanical axial back pain and leg radiculopathy as well as neck pain and radiculopathy. The MRI, unknown date, revealed disc herniation at C3-4, C6-7, foraminal stenosis at C3-C7 and lumbar L3 through S1 disc herniations. The injured worker's medication regimen not included in the documentation available for review. The request for authorization of cervical C7-T1 interlaminar epidural injection was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical C7-T1 interlaminar epidural 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 Criteria for the Use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS guidelines state the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs. Radiculopathy must be documented by physical examination and

corroborated by imaging studies or electrodiagnostic testing. There is a lack of clinical information provided for review. As there is a lack of clinical information, the rationale for the request is unclear. The documentation lacks information regarding the injured worker's functional deficits and the goal in utilizing epidural injections as well as objective findings and imaging studies. The requesting physician did not include an adequate clinical note with a recent assessment of the injured workers current condition. Therefore, the request for cervical C7-T1 interlaminar epidural injection is not medically necessary.