

Case Number:	CM14-0009654		
Date Assigned:	02/14/2014	Date of Injury:	03/27/2013
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 58 year old male with an injury date of 03/27/13. Based on the 01/27/14 progress report provided by [REDACTED] the patient complains of low back pain. His left knee has tenderness to palpation over the medial joint line. The patient's diagnoses include the following: 1. Myofascial sprain, cervical spine 2. Cervical radiculopathy 3. Myofascial sprain, lumbar spine 4. History of sprain, both knees On 11/05/13, the patient had an interlaminar steroid injection at C7-T1. [REDACTED] is requesting for a cervical epidural steroid injection. The utilization review determination being challenged is dated 01/10/14. The rationale is that despite the 50 percent improvement the patient had with the previous injections, the patient continues to have neck pain. [REDACTED] is the requesting provider, and he provided treatment reports from 03/25/13- 01/27/14.

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs 46, 47) .

Decision rationale: According to the 01/27/14 progress report provided by [REDACTED], the patient presents with low back pain. The request is for a cervical epidural steroid injection. The patient had a prior cervical epidural steroid injection at C7-T1 on 11/05/13. Although the patient feels 50% improved, he continues to have neck pain. MTUS guidelines requires 50% reduction of pain lasting 6 weeks or more with reduction in medication use for repeat injection. The patient has had these injections in the past without any documentation of medication reduction. There were no pain scales provided as to how much the epidural steroid injection helped the patient, nor were there any changes in ADL mentioned. Recommendation is for denial. The request is not medically necessary and appropriate.