

Case Number:	CM14-0009868		
Date Assigned:	05/30/2014	Date of Injury:	01/10/2011
Decision Date:	07/11/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 59 year old male whose date of injury is 1/10/11. He started noticing pain due to excessive hours at the computer. An MRI of the cervical spine dated 9/23/11 revealed no central or foraminal stenosis at C2-3, C3-4, or C7-T1. At C4-5 there is uncinat and facet hypertrophy causing mild right and moderate left foraminal stenosis. Central stenosis is moderate to severe with mild flattening of the cord. At C5-6 there is severe left and moderate right foraminal stenosis; central stenosis is moderate with mild effacement of the cord. At C6-7 there is moderate bilateral foraminal stenosis. Central stenosis is mild to moderate. A consultation dated 9/11/13 indicates that he underwent prior epidural steroid injections which did not provide significant relief. The injured worker subsequently underwent transforaminal cervical epidural steroid injection at right C6 and C7 on 10/16/13. A follow up note dated 11/13/13 indicates that the injured worker reports approximately 20% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL INTERLAMINAR EPIDURAL I INJECTION X 1: 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 Epidural steroid injections Page(s): 46.

Decision rationale: There is no current, detailed physical examination submitted for review to establish the presence of active cervical radiculopathy as required by California MTUS guidelines. The injured worker underwent most recent cervical epidural steroid injection in October 2013 and reported only 20% pain relief post-injection. The California MTUS guidelines require documentation of at least 50% pain relief for at least six weeks prior to the performance of a repeat epidural steroid injection. As such, the request is not medically necessary.