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| Case Number: | CM14-0108352 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 10/12/2012 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 07/03/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 and is licensed to practice in California and Washington. 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 47-year-old male who reported an injury on 10/12/2012. The mechanism of injury was cumulative trauma. Prior treatments included physical therapy and acupuncture. The injured worker underwent an MRI of the Cervical Spine in 2012. The office note dated 05/13/2014 revealed the injured worker had ongoing neck pain and stiffness. The pain was located at the base of the neck. The injured worker was experienced ongoing pain at the bilateral shoulders with popping, clicking, and grinding with shoulder motion. The objective examination revealed a negative Spurling and Axial compression test. The documentation indicated a request was made for epidural steroid injections in both the cervical spine and lumbar spine. The diagnosis included lumbar radiculopathy and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection of the Cervical Spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are documented objective findings upon physical examination that are corroborated by imaging studies and/or electrodiagnostic testing. The injured worker's pain should be initially unresponsive to conservative treatment including physical methods, NSAIDS, and muscle relaxants. The clinical documentation submitted for review failed to meet the above criteria. The physical examination revealed negative testing for radiculopathy. The documentation indicated the injured worker had an MRI in October of 2012. There was a lack of documentation including an MRI or EMG findings. There was a lack of documentation of a failure of conservative care. The request, as submitted failed to indicate the level for the request as well as the laterality. Given the above, the request for epidural steroid injection of the cervical spine is not medically necessary.