

Case Number:	CM14-0108410		
Date Assigned:	08/01/2014	Date of Injury:	01/10/2011
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/12/2014

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 Nevada. 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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on January 10, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of moderate low back pain that radiated into the bilateral hips. There was a noted numbness and tingling associated with the symptomatology. The physical examination demonstrated a borderline hypertensive (134/81) individual who was noted to have a normal gait pattern, a moderately diminished lumbar spine range of motion. Motor function was noted to be 5/5 and sensation was intact. The cervical spine range of motion was reported to be full. Motor function was 5/5. Deep tendon reflexes were equal and symmetric throughout both upper extremities, and there was no evidence of a specific neurological compromise. Diagnostic imaging studies objectified ordinary disease of life multiple level lumbar spondylosis, degenerative disc disease at multiple levels, and postoperative changes to the shoulder. Previous treatment included multiple mediations, physical therapy and pain management interventions. A request had been made for cervical epidural steroid injection and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI @ C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid injections Page(s): Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: As noted in the MTUS, epidural steroid injections are supported when radiculopathy is documented and corroborated by imaging studies. There was no electrodiagnostic data supporting a verifiable radiculopathy. Furthermore, the physical examination does not demonstrate any evidence of a nerve root compromise. Therefore, based on the clinical information presented for review, there is insufficient data to support the medical necessity of this injection.