

Case Number:	CM14-0010423		
Date Assigned:	02/21/2014	Date of Injury:	05/19/2011
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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, 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 injured worker is a 41 year old female whose date of injury is 05/19/2011. The mechanism of injury is noted only to be work related. Treatment to date includes right cubital tunnel release on 05/11/12 and left carpal tunnel release on 09/27/13. A re-evaluation dated 02/03/14 indicates that the injured worker complains of neck pain radiating to the bilateral upper extremities and low back pain radiating down the left lower extremity. The injured worker is noted to be status post transforaminal epidural steroid injection L4-S1 on 09/06/13 with greater than 80% pain relief for two months. Diagnoses are chronic pain other, lumbar radiculitis, lumbar radiculopathy, and status post carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT FOR POSSIBLE CERVICAL EPIDURAL STEROID INJECTION AND ANOTHER STEROID INJECTION:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: Based on the clinical information provided, the request for pain management consult for a possible cervical epidural steroid injection and another steroid injection is not recommended as medically necessary. There is no current detailed physical examination submitted for review as the most recent clinical note provided is dated February 2014. There are no imaging studies and/or electrodiagnostic results provided. Given the lack of supporting documentation, the requested pain management consult is not supported as medically necessary and appropriate.