

Case Number:	CM14-0113771		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2002
Decision Date:	10/17/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/21/2014

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 56-year-old gentleman was reportedly injured on June 12, 2002. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of neck pain and low back pain radiating to the lower extremities. The physical examination demonstrated spasms and guarding of the lumbar spine. A neurological examination indicated decreased sensation over the right-sided C6 dermatome. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C5 - C6 with resultant mild cord compression any disc protrusion at C6 - C7 also with cord compression. Previous treatment has included cervical and lumbar spine epidural steroid injections, physical therapy, chiropractic care, acupuncture, and oral medications. A request had been made for a cervical spine epidural steroid injection under fluoroscopic guidance and was not certified in the pre-authorization process on June 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. According to the attached medical record there are no findings on imaging studies indicating potential neurological impingement. Considering this, the request for a cervical spine epidural steroid injection is not medically necessary.

Cervical Epidurograms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

Decision rationale: As the accompanying request for a cervical spine epidural steroid injection has been determined not to be medically necessary so is this request for a cervical epidurogram.

Insertion of Cervical Catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

Decision rationale: As the accompanying request for a cervical spine epidural steroid injection has been determined not to be medically necessary so is this request for the insertion of a cervical catheter.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: As the accompanying request for a cervical spine epidural steroid injection has been determined not to be medically necessary so is this request for IV sedation.