

Case Number:	CM14-0123663		
Date Assigned:	08/08/2014	Date of Injury:	06/28/1997
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/05/2014

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 Florida. 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 43-year-old male who reported an injury on 06/28/1997 due to an unspecified mechanism of injury. There was no recent documentation provided regarding subjective complaints, objective examination findings, diagnostic studies, surgical history, medications, and past treatments. The request for authorization form was signed on 07/01/2014. Per the request for authorization form the injured worker was diagnosed with low back pain and cervical pain. The treatment plan was for a cervical epidural steroid injection. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cervical and Thoracic Spine.

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

Decision rationale: The request for a cervical epidural steroid injection is not medically necessary. There was no information provided regarding the request. The California MTUS Guidelines state that criteria for the use for an epidural steroid injection includes radiculopathy

being documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, the injured worker had to have been initially unresponsive to conservative treatment, and injections should be performed using fluoroscopy for guidance. There was no pertinent documentation provided for review that would indicate the need for a cervical epidural steroid injection. In addition, there was a lack of documentation regarding significant neurological deficits such as decreased sensation or motor strength in a specific myotomal or dermatomal distribution. Furthermore, there were no physical examination findings indicative of radiculopathy and no imaging or electrodiagnostic studies to confirm a diagnosis of radiculopathy. Moreover, the requesting physician failed to mention the levels for which the epidural steroid injection would be performed and if the injection would be performed using fluoroscopic guidance. In the absence of this information, the request would not be supported. The request is not supported by the guideline recommendations as the injured worker does not meet the criteria for the use of an epidural steroid injection as listed in the guidelines. Given the above, the request is not medically necessary.