

Case Number:	CM14-0124214		
Date Assigned:	08/08/2014	Date of Injury:	01/31/2006
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 01/31/2006. The mechanism of injury was a motor vehicle accident. The diagnoses include lumbago, cervicgia, pain in joint, ankle, and foot, degenerative cervical intervertebral disc, and degenerative lumbar/lumbosacral intervertebral disc. The previous treatments included medication, radiofrequency ablation of the lumbar spine, and surgery. The diagnostic testing included an MRI of the right shoulder. Within the clinical note dated 05/12/2014, it was reported that the injured worker complained of chronic severe back pain with severe bilateral leg pain. He complained of chronic back pain with right arm pain and headache. The injured worker complained of right shoulder pain. Upon the physical examination, the provider noted injured worker continued to have ongoing neck and right hand pain with tingling and numbness. The provider documented the injured worker had recurrent right cervical radiculopathy and left sided axial low back pain. The request submitted is for an outpatient cervical epidural steroid injection to the right C5-6. However, rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injection (ESI) to right C5, 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: The MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in any dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborative imaging studies or electrodiagnostic study test, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend that epidural steroid injections are to be used for diagnostic purposes; a maximum of 2 injections should be performed. There is a lack of documentation indicating the injured worker had been responsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.