

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0154930 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Ohio. 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 39-year-old female, who reported an injury on 11/06/2012. The mechanism of injury was repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was evaluated on 07/11/2014. Medications included Ambien and Motrin. Physical findings included tenderness to palpation of the cervical paraspinal musculature bilaterally with restricted range of motion secondary to pain. The injured worker's diagnoses included cervical spine radiculopathy. A request was made for an epidural steroid injection. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection of the cervical spine, location and levels unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The requested epidural steroid injection of the cervical spine, location and levels unspecified is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinically evident radiculopathy consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation does not adequately address the injured worker's treatment history to support that all noninterventional conservative treatments have failed to provide the injured worker any lasting benefit. Additionally, the clinical documentation does not provide an independent report of an MRI to support the need for an epidural steroid injection. The clinical report dated 07/11/2014 did not provide any evidence of radiculopathy that would benefit from an epidural steroid injection. In the absence of this information, epidural steroid injection would not be supported in this clinical situation. Furthermore, the request as it is submitted does not provide a laterality or level to be treated. Therefore, the appropriateness of the request itself cannot be determined. As such, epidural steroid injection of the cervical spine, location and levels unspecified is not medically necessary or appropriate.