

Case Number:	CM14-0168293		
Date Assigned:	10/17/2014	Date of Injury:	03/19/2001
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Neurology, 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:

8/26/14 note indicates pain in the cervical and lumbar region. There is reported radicular pain. The insured reports muscle tenderness and has been treated with nucynta and topical medications. There is pain with sensory deficit in bilateral C5 to T1. There is weakness of the right hand grip. There is pain over the SI joint. Medications are reported as nucynta, aciphex, flexeril, paxil, terocin cream, and restoril. There is no MRI or EMG report regarding any findings in regard to the insured provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, ESI

Decision rationale: ODG guidelines support epidural injection for patients with demonstrated radiculopathy that has persisted after at least 6 weeks of conservative treatment and in whom physical exam findings support radiculopathy corroborated by EMG and/or neuroimaging. The medical records provided for review report weakness and sensory loss on exam that is not

consistent with radiculopathy as the sensory loss spans multiple root levels. There is also no EMG or neuroimaging result reported to corroborate the presence of radiculopathy. As such the medical records do not support epidural steroid injection congruent with ODG guidelines. The request is not medically necessary.