

Case Number:	CM14-0169958		
Date Assigned:	10/20/2014	Date of Injury:	04/29/2011
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is a 56-year-old female with date of injury on 04/29/2011 with neck pain with left sided radicular symptoms. She also has left shoulder pain and has been given a cortisone injection for this. She has had physical therapy directed at both the neck and shoulder issue. She has had acupuncture treatment as well for these conditions. Trigger point injections have also been employed. A cervical epidural was given with 4 months of relief of many of her pain complaints in May 2014. Current medications are Tramadol and extra strength Tylenol. The current request is for repeat cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Cervical Epidural Steroid Injection C7-C7: Overturned

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 Epidural Steroid Injection Page(s): 46.

Decision rationale: MTUS guidelines for epidural steroid injection include radiculopathy on exam and/or electrodiagnostic with imaging that correlates, failure of conservative care, and repeat ESI can be repeated if > 50% of pain reduction and/or increase in functionality is shown.

The patient has met these criteria and a repeat cervical epidural steroid injection is medically indicated. Therefore, I am reversing the prior UR decision.