

Case Number:	CM14-0027578		
Date Assigned:	06/13/2014	Date of Injury:	08/23/2002
Decision Date:	12/19/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker had an original industrial injury on August 23, 2002. The mechanism of injury was a fall, and the covered body regions include the cervical spine and lumbar spine. The industrially related diagnoses include chronic neck pain, headache, shoulder pain, myofascial pain, and chronic low back pain. The disputed issues are request for injections of steroid medication into the cervical and lumbar spine. A utilization review on February 20, 2014 had denied this request. The reasoning by the utilization reviewer was that the clinical documentation "does not establish medical necessity for unspecified injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Injections (2) to the Neck and Lumbar Spine with one (1) CC Celestone/ two (2) CC Marcaine, Retrospective for date of service of 01/16/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174.

Decision rationale: The submitted documentation includes a progress note on May 21, 2014. In the treatment plan of this note, the requesting provider specifies for a plan to inject the neck and trapezial ridge using Celestone and Marcaine. Later notes do not clarify the specifics of this type

of injection, especially whether there are any details regarding if this is intended to be injected into the muscle, ligament, or joints of the spine. Without clarification as to what type of injection this is, there cannot be authorization of this. This request is not medically necessary.