

Case Number:	CM14-0027839		
Date Assigned:	06/13/2014	Date of Injury:	12/12/2002
Decision Date:	07/28/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 67-year-old male who was reportedly injured on December 12, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 3, 2014, indicated that there were ongoing complaints of neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The physical examination demonstrated vertebral tenderness along the cervical spine from C4-C7 with decreased cervical spine range of motion. There was tenderness along the lumbar spine from L4-S1 with moderately decreased lumbar spine range of motion. Diagnostic imaging studies objectified disc protrusions from C3-C7 without nerve root impingement. A lumbar spine magnetic resonance imaging was pending. Cervical spine epidural steroid injections were recommended and Norco, Prilosec, Lyrica and zolpidem were prescribed. A request had been made for cervical epidural steroid injections and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION AT RIGHT C5-6 UNDER FLUOROSCOPY AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, epidural steroid injections are only recommended if a radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note, dated February 3, 2014, there was a recommendation of epidural steroid injections. There were no physical examination findings of a radiculopathy nor was there any confirmation of one on physical examination. This request for cervical spine epidural steroid injections at the right C5-C6 level under fluoroscopy is not medically necessary.