

Case Number:	CM14-0028831		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2013
Decision Date:	07/17/2014	UR Denial Date:	01/29/2014
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 management and is licensed to practice in Texas. 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 66 year old male who reported a work related injury, motor vehicular accident on 10/16/2013. The injured worker stated he was hit from behind while at a stop light. The chief complaint is neck and low back injury. The injured worker was seen on 11/13/2013 for a follow-up visit. He states that physical therapy was not helping and that he was having neck muscle strain and lumbar muscle strain, bilateral. Medication listed, Norco 10/325 mg one tablet by mouth every 4-6 hours as needed for pain #30 Salicylate-Menthol-Tocopherol Patch Apply to skin as directed. On 12/08/2013 report of the MRI findings there is normal disc height and signal without posterior disc protrusion central or foraminal stenosis. There is no evidence of intraspinal, intradural or intramedullary soft tissue mass impression 3.6 mm posterior disc protrusion L5-S1 with disc desiccation, previous posterior fusion L4-L5, 5, 3 mm posterior disc protrusion L3-L4 with right foraminal stenosis and right facet joint effusion. On 12/18/2013 the injured worker was diagnosed with cervical radiculopathy and lumbar radiculopathy. No changes in condition noted. On 01/02/2014 a request for epidural steroid injection x1 for a cervical spine level 3-4 level was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION X 1 CERVICAL SPINE LEVEL 3-4: 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 request for epidural steroid injection x1 cervical spine level 3-4 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections for the injured worker with radiculopathy documented on physical examination and corroborated on MRI the guidelines also recommend that the injured worker be unresponsive to conservative care, there was a lack of documentation of radiculopathy on the most recent examination and there was no evidence of neurological deficits. In addition there is no documentation conservative care directed to the lumbar spine. The physical examination is lacking evidence radiculopathy such as diminished sensation, abnormal reflexes and weakness or atrophy. The request is not supported to be medically necessary and as such, is not medically necessary.