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| Case Number: | CM14-0029210 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/22/2011 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 Minnesota. 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 50 year old male with a reported injury on 09/22/2011. The injured worker had an orthopedic exam on 02/17/2014 which revealed that he had guarded cervical posture in active voluntary range of motion with stiffness and discomfort at the extremes of motion of the neck. His tendon reflexes are 0 to 1+ for bilateral triceps, biceps, and brachioradialis. The injured worker had a history of cervical fusion with adjacent segment syndrome. The recommended plan is for a cervical epidural steroid injection. Upon exam with the injured workers treating physician on 02/17/2014, the review of his electromyography and MRI showed C6 radiculopathy and C5-6 disc bulge, stable C6-7 dissect and fusion. There was no list of medications or physical therapy evaluations provided. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY LEFT C5 - C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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

Decision rationale: The request for cervical epidural steroid injections left C5-C6 is non-certified. The injured worker has a diagnoses of C6 radiculopathy. There was a lack of documentation of a pain evaluation and pain assessment. There was not a medication list provided. The California MTUS Guidelines recommend that the patient needs to be unresponsiveness to conservative treatment such as exercise, physical methods, non-steroidal analgesics and muscle relaxants. There was a lack of evidence of physical therapy or a home exercise program and a medication list was not provided. There is no evidence provided to support the need for cervical epidural steroid injections, therefore the request is non-certified.