

Case Number:	CM14-0031437		
Date Assigned:	04/09/2014	Date of Injury:	07/27/2011
Decision Date:	05/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 is a 50-year-old male who reported an injury on 07/27/2011. The mechanism of injury was not provided. The current diagnoses include spondylolisthesis at L4-S1, bilateral L5 pars defect, multilevel disc herniation of the cervical spine, and thoracic disc herniation. The injured worker was evaluated on 12/06/2013. The injured worker reported 9/10 lower back pain. Physical examination revealed tenderness to palpation, limited cervical and lumbar range of motion, positive spasms, intact sensation, and diminished strength in the left lower extremity. The treatment recommendations included an interlaminar epidural steroid injection at C3-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL C3-4, C4-5, C5-6 INTERLAMINAR EPIDURAL STEROID INJECTION TIMES 3: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other

rehab efforts. As per the documentation submitted, there was no evidence of cervical radiculopathy upon physical examination. There was no imaging studies provided for review. There was no mention of an exhaustion of conservative treatment including exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The California MTUS Guidelines further state no more than 1 interlaminar level should be injected in 1 session. The current research does not support a series of 3 injections. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.