

Case Number:	CM14-0033066		
Date Assigned:	04/30/2014	Date of Injury:	08/29/2007
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 69-year-old female who reported an injury to her right knee and upper back. The acupuncture note dated 10/08/13 indicated the injured worker undergoing treatment for the low back. The therapy note dated 10/09/13 indicated the injured worker addressing her ongoing right knee pain. A clinical note dated 01/09/14 indicated the injured worker demonstrating complaining of diminished sensation in the L5 and S1 distributions on the right. The injured worker continued with acupuncture treatments. A clinical note dated 02/21/14 indicated the injured worker complaining of shoulder joint pain and lower leg pain. The injured worker was showing symptoms associated with reflex sympathetic dystrophy (RSD) in the upper extremities. The Utilization review dated 02/18/14 resulted in a denial for C7-T1 epidural steroid injection, as no information was submitted confirming radiculopathy in appropriate distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION- RIGHT C7-T1 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for cervical epidural steroid injection on the right C7-T1 under fluoroscopic guidance is non-certified. The injured worker complained of pain at several sites. An epidural steroid injection at C7-T1 is indicated for injured workers with who completed all conservative treatment and imaging studies confirm the injured worker significant pathology. Additionally clinical evaluation should demonstrate significant symptomology regarding radiculopathy in appropriate distributions. No information was submitted regarding imaging studies confirming neurocompressive findings at C7-T1. No findings were indicated in the clinical documentation in the C7-T1 distribution. Given this, the request is not indicated as medically necessary.