

Case Number:	CM14-0034288		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2007
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 64 year old male with an injury date of 04/18/07. Based on the 11/19/13 progress report provided by [REDACTED], the patient complains of pain in his neck, upper back, lower back, right shoulder, and left knee. The back was tender to touch in the low back area. The patient's diagnoses include the following: 1. Cervical spine disc bulges 2. Thoracic spine strain 3. Lumbar spine sprain 4. Probable right/left shoulder internal derangement 5. Prior left knee surgery (2004) 6. Left knee internal derangement [REDACTED] is requesting for a cervical epidural steroid injection. The utilization review determination being challenged is dated 02/14/14. [REDACTED] is the requesting provider and provided one treatment report from 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, Page 46.

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with pain in his neck, upper back, lower back, right shoulder, and left knee. The request is for a cervical epidural steroid injection. There is no indication of any previous lumbar epidural steroid injections, nor were there any MRI's provided showing herniations or stenosis. MTUS Chronic Pain Medical Treatment Guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI Is not indicated. The request for Cervical Epidural Steroid Injection (ESI) is not medically necessary.