

Case Number:	CM14-0047690		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2007
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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 Illinois. 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 47-year-old female who reported an injury on 09/20/2007 due to a fall. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was treated with medications and physical therapy. The injured worker underwent an MRI on 04/20/2013 that documented there was a disc bulge at the C4-5 flattening the ventral aspect of the thecal sac, a disc bulge at the C3-4 flattening the ventral aspect of the thecal sac, and small annulus fibrous fissures in the posterior margin of the C5-6, C6-7 levels. The injured worker was evaluated on 02/27/2014. It was noted that the injured worker had cervical spine pain rated at a 9/10 that radiated into the bilateral upper extremities. Diagnoses included cervical spine pain, cervical radiculopathy, and disc displacement. The injured worker's treatment plan included an interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection interlaminar midline part: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The requested Cervical epidural steroid injection interlaminar midline part is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for well documented radicular symptoms on physical examination corroborated by an imaging or electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to physical therapy. However, the injured worker's most recent clinical documentation did not provide any objective evidence of radicular complaints. Therefore, an epidural steroid injection would not be supported. Furthermore, the request as it is submitted does not specifically identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cervical epidural steroid injection interlaminar midline part is not medically necessary or appropriate.