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| Case Number: | CM14-0048915 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/05/2013 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 clinical documentation indicated the injured worker reported injury on 03/05/2013. The mechanism of injury and surgical history were not provided. The diagnostic studies included an x-ray which revealed decreased lordosis of the spine. The diagnoses were noted to include displacement of cervical intervertebral disc without myelopathy, C3-7; brachial neuritis; cervical spinal stenosis; cervical joint facet hypertrophy C4-7; psychosocial dysfunction; dysthymic disorder; insomnia. The injured worker's medications included Tylenol #3. The prior therapies and treatments included physical therapy, acupuncture, an epidural steroid injection and a cervical facet injection, an interferential unit, hot and cold therapy, and a cervical pillow. The documentation of 03/28/2013 revealed the injured worker was a 57-year-old male and was in the office for treatment of the left knee and neck pain. The physical examination revealed the injured worker had a positive compression and distraction test bilaterally. The injured worker had shoulder pain and pain with cervical extension and had point tenderness over the traps and scalene. There was a lack of documentation of a more recent physical examination by the requesting physician. There was a lack of documented rationale for the request. The specific Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic cervical epidural steroid injection at C3-C4, C4-C5, and C6-C7: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of at least 50% pain reduction with an associated 6 to 8 weeks reduction in pain medications, as well as documentation of objective functional improvement for 6 to 8 weeks. Additionally, the maximum recommended number of levels is 2 and the request was made for 3 levels without justification. The clinical documentation failed to include documentation of the reduction in pain, associated medication reduction and associated increase in function. Given the above and the lack of documentation, the request for therapeutic cervical epidural steroid injection at C3-4, C4-5, and C6-7 is not medically necessary.