

Case Number:	CM14-0050140		
Date Assigned:	07/07/2014	Date of Injury:	05/16/2013
Decision Date:	09/29/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/17/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on May 16, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 16, 2013, indicates that there are ongoing complaints of neck pain and low back pain which radiates to the left lower extremity and right upper extremity. Current medications include Norflex, tramadol, and gabapentin. The physical examination demonstrated tenderness and spasms of the lower lumbar spine and the left sciatic notch. There was a positive left-sided straight leg raise test at 30. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at L5 - S1 causing left greater than right foraminal stenosis and a disc protrusion at L4 - L5, indenting the left sided L4 nerve root. An MRI the cervical spine noted a disc protrusion at C5 - C6 and C6 - C7 indenting the anterior thecal sac. There is also a disc protrusion at C4 - C5. Previous treatment was not discussed. A request had been made for a cervical spine epidural steroid injection at C6 - C7 x 2, and was not certified in the pre-authorization process on April 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C6-C7x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings of a radiculopathy on physical examination, or are there any imaging studies indicating neurological impingement. Considering this, the request for cervical spine epidural steroid injections at C6 - C7 x 2 is not medically necessary.