

Case Number:	CM14-0050156		
Date Assigned:	06/25/2014	Date of Injury:	03/18/2002
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 69 year-old individual was reportedly injured on 3/18/2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/13/2014 indicates that there are ongoing complaints of chronic neck, right shoulder and low back pain. The physical examination demonstrated the cervical spine as unremarkable. The lumbar spine had 4/5 muscle strength in the upper and lower extremities. The right upper extremity had some swelling and redness. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, previous injections and medications. A request had been made for one (1) lumbar epidural steroid injection, and was not certified in the pre-authorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lumbar epidural steroid injection: 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 Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the Chronic Pain Medical Treatment Guidelines. Specifically, there is no documentation of lumbar or lower extremity radiculopathy. As such, the requested procedure is deemed not medically necessary.