

Case Number:	CM14-0077133		
Date Assigned:	07/18/2014	Date of Injury:	02/08/2012
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Texas and 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 injured worker is a 39-year-old male who reported an injury on 02/08/2012. The mechanism of injury was not stated. The current diagnoses include cervical spine disc rupture and lumbar spine disc bulge. The latest physician progress report submitted for this review is documented on 02/18/2014. The injured worker presented with persistent neck and lower back pain. Physical examination revealed intact sensation. Treatment recommendations at that time included physical therapy once per week for 6 weeks for the cervical and lumbar spine. It is noted that the injured worker underwent an electrodiagnostic study of the upper and lower extremities on 12/10/2013, which indicated a normal EMG of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at the bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 46 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented

by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no documentation of radiculopathy upon physical examination. There is also no electrodiagnostic evidence of radiculopathy. There is no mention of an exhaustion of conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Cervical Epidural Steroid Injection at the bilateral C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 46 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no documentation of radiculopathy upon physical examination. There is also no electrodiagnostic evidence of radiculopathy. There is no mention of an exhaustion of conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.