

Case Number:	CM14-0081277		
Date Assigned:	07/18/2014	Date of Injury:	09/26/1992
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 53-year-old female who reported injury on 09/26/1992. The mechanism of injury was cumulative trauma. The prior treatments included physical therapy and medications. The injured worker underwent an MRI of the left wrist. The injured worker underwent a left cubital and left carpal tunnel release on 01/24/2014 and a right shoulder surgery. The documentation of 04/15/2014 revealed the injured worker had continued cervical spine pain and headaches. The injured worker had low back pain with radiation. The physical examination revealed positive axial loading of the cervical spine and a positive Spurling's. The examination of the lumbar spine was difficult to read, and it was handwritten. The documentation indicated the injured worker had failed conservative treatment of acupuncture times 6 and physical therapy times 24. The diagnoses included lumbar disc disorder and cervical disc disorder. The treatment plan included a cervical spine epidural steroid injection and a lumbar spine epidural steroid injection, and a refill of topical Lido cream. The specific other medications were not provided. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for cervical and lumbar spine epidural steroid injections:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines indicate that upon ruling out a potentially condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had failed conservative treatment. However, there were no MRI studies or results submitted for review to support the injured worker would meet the criteria for a cervical or lumbar spine epidural. There were no legible objective findings to support the necessity for epidural steroid injections. Given the above, the request for Pain management Consultation For Cervical and Lumbar Spine Epidural Steroid Injections is not medically necessary.