

Case Number:	CM14-0091232		
Date Assigned:	07/25/2014	Date of Injury:	03/31/2010
Decision Date:	09/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 injured worker is a 54-year-old male who was reportedly injured on March 31, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 13, 2014, indicated that there were ongoing complaints of neck pain and back pain. The physical examination was not reported. Diagnostic imaging studies noted ligamentum flavum, hypertrophy and degenerative disc disease. Previous treatment included multiple level cervical fusion. A request was made for cervical epidural steroid injection and was non-certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, there is endorsement of epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies. Based on the progress

notes presented for review, there is no objectification of a verifiable radiculopathy either on physical examination or out of diagnostic studies. Therefore, the criterion for this injection is not met and the medical necessity cannot be established.