

Case Number:	CM14-0091818		
Date Assigned:	07/25/2014	Date of Injury:	08/10/2012
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine and is licensed to practice in Utah. 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:

There were no progress notes or clinical records presented for review that would outline the age of this individual who was reportedly injured on August 10, 2012. As such, no mechanism of injury could be determined. It is unclear where the exact complaints were. No physical examination was noted. There was no objectification of a verifiable radiculopathy. Diagnostic imaging studies and previous treatment was not available. A request had been made for cervical epidural steroid injection and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI Anesthesia Radiology Fluoroscopic Guidance: 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 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: There is support for epidural steroid injections under certain clinical situations. As noted in the MTUS, there needs to be objectification of radicular pain corroborated with radiculopathy findings on EMG. There were no progress notes presented for review and the only notes were the previous non-certification notes from the utilization review provider.

Therefore, based on this lack of clinical information, the medical necessity for this procedure cannot be established.

Caudal Epidural Anesthesia Radiology Fluoroscopic Guidance: Upheld

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

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