

Case Number:	CM14-0188294		
Date Assigned:	11/19/2014	Date of Injury:	04/02/2004
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 California. 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:

Patient had a date of injury on 4/2/2004. Patient injured his neck, shoulder, knees, wrists, low back, skull and upper back when a big rig hit his parked truck. Patient has had physical therapy, home exercise program, Mobic, Butrans patch, Topamax, Percocet, protonix, left shoulder cortisone injection, miralax, manual therapy and massage. Diagnosis includes left shoulder impingement syndrome, status post left shoulder arthroscopy, status post lumbar fusion L3-L4, degenerative changes bilateral knees, bilateral wrist strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alternate cervical ESI consult (consider inpatient secondary to anticoag tx): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

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

Decision rationale: According to guidelines it states a second ESI should be done only if the first one shows success including at least 50% pain relief. According to medical records there is no documentation of improved pain and thus ESI is not medically necessary.

