

Case Number:	CM14-0192534		
Date Assigned:	11/26/2014	Date of Injury:	03/19/2001
Decision Date:	01/12/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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:

This individual is a 51 year old female who has developed chronic spinal pain subsequent to an injury dated 3/19/01. She had been treated with lumbar epidural and facet injections without lasting relief or change in medications. A spinal cord stimulator has recently been placed. A request for cervical epidural injections was made. There is stated to be bilateral diminished sensation and vibratory detection bilaterally at C5-T1. There are no confirmatory tests such as electrodiagnostic's or MRI studies. The prior MRI 4/23/08 did not reveal any nerve root compromise. It is reported that a prior epidural provided 50% relief, however this there was no change in medication use and the length of relief is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: The MTUS Guidelines are very specific regarding appropriate criteria to justify epidural injections. The criteria include a clear clinical radiculopathy the follows

dermatomal patterns PLUS corresponding support from MRI and/or electrodiagnostic studies. This request does not meet Guideline Criteria. There are no supporting studies for a C5-T1 bilateral cervical radiculopathy. The request for the cervical epidural injection is not medically necessary.