MAXIMUS Federal Services

Case Number:	CM14-0197738		
Date Assigned:	12/08/2014	Date of Injury:	09/04/2012
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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:

The injured worker is a 49-year-old female who reported injury on 09/04/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of degenerative disc disease of the lumbar spine, sciatica, unspecified myalgia and myositis. Past medical treatment consists of physical therapy, epidural steroid injections, acupuncture, and medication therapy. Medications consist of Vicodin, Terocin patches, Zipsor, Norco, and Xartemis. On 03/08/2014, the injured worker underwent an EMG of the lower extremities. On 10/30/2014, the injured worker complained of left hip, lower back and bilateral shoulder pain. She described the pain as aching, sharp shooting and throbbing, which she rated on average 5/10, and at that moment 7/10. Pain levels without medication 8/10 to 9/10. It was noted on physical examination that the injured worker was awake, alert and oriented. There were no objective physical findings on motor strength, range of motion, and/or sensory deficits. Medical treatment plan was for the injured worker to continue with medication therapy, receive additional epidural steroid injections and acupuncture. It was documented in the submitted report that the injured worker underwent previous epidural steroid injections one 01/07/2014 and another on 04/22/2014. It was indicated in the progress note dated 10/30/2014, that her medication was managing the low back, neck, and right hip pain. There were no documented improvements with previous injections. Medical treatment plan was for the injured worker to undergo additional epidural steroid injection at C5-6, C6-7 under fluoroscopy. A rationale for the request was not submitted for review. The Request for Authorization form was submitted on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C5-6, C6-7 under Fluoroscopy Guidance: 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: The request for cervical epidural steroid injection at C5-6, C6-7 under fluoroscopy guidance is not medically necessary. This documentation submitted for review did not provide images of the injured worker's cervical spine. It was not indicated in the documentation if the injured worker had tried and failed conservative treatment. Additionally, there were no objective physical findings on examination showing functional deficits of the injured worker's cervical spine. Furthermore, it was documented in the submitted report that the injured worker had undergone epidural steroid injections before on 01/07/2014 and another on 04/22/2014. The efficacies of those injections were not submitted for review. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.