

Case Number:	CM14-0200371		
Date Assigned:	12/10/2014	Date of Injury:	03/23/2009
Decision Date:	01/29/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/01/2014

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 Pain 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:

The injured worker is a 43-year-old male with an original date of injury of March 23, 2009. The injured worker has diagnoses of cervical radiculopathy, cervical disc degeneration, cervical facet arthropathy, lumbar facet arthropathy, chronic low back pain, lumbar radiculopathy, and chronic pain syndrome. The patient has documentation of functional impairment as measured by an Oswestry disability index performed on November 18, 2014. The patient continues on a home exercise program, and has tried physical therapy in the past. The cervical MRI performed on August 5, 2010 documented multilevel disc protrusions throughout the cervical spine from levels C2-3, C3-4, C4-5, C5-6, and C6-7. The disputed issue is a request for a cervical epidural steroid injection at C6-7. An appeal to the utilization denial was authored by the requesting physician on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (Epidural Steroid Injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127.

Decision rationale: The disputed issue is a request for a cervical epidural steroid injection at C6-7. An appeal to the utilization denial was authored by the requesting physician on 7/9/2014. The appeal letter states that the patient has "shown at least 50% pain relief from prior epidural steroid injection for a duration of at least." Unfortunately, this sentence was not completed by the requesting provider. The guidelines specified for a period of at least 6 to 8 weeks of benefits. This was not evident in the submitted medical records. The utilization review notes that the last epidural steroid injection in the cervical spine was on February 7, 2013, and no further notes indicate the duration of pain reduction. This request is not medically necessary.