

Case Number:	CM14-0201926		
Date Assigned:	12/12/2014	Date of Injury:	02/01/1999
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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 Practice, 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 injured worker's date of injury is 02/01/1999. Medical documentation of the original injury and management was not provided. This patient receives treatment for chronic neck pain; the medical diagnoses include cervicalgia, cervical radiculitis, thoracic pain, cervicogenic headaches, depression, and insomnia. The patient underwent cervical discectomy and spinal fusion levels C4-T2. Altogether, this patient has had neck surgery 4 times. The patient received epidural steroid injections for the back pain in November 2014, but the pain continued. The patient has become opioid dependent. Medications prescribed include MS contin, Dilaudid, Abilify, Lyrica, Ambien, Lorazepam, Remeron, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: The documentation regarding the patient's symptoms and clinical exam are hand written and are difficult to read fully. The documentation does not show that there is a

radicular pattern to the chronic neck pain at this time. The treatment guidelines state that ESIs may be clinically appropriate when there is evidence of a dermatomal distribution on physical exam that is confirmed by imaging studies and/or electrophysiological testing. Based on the lack of this documentation, ESI is not clinically indicated.