

Case Number:	CM14-0207751		
Date Assigned:	12/19/2014	Date of Injury:	06/04/2004
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/11/2014

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:

Patient had a date of injury on 6/4/2004. Diagnosis includes: displacement of cervical intervertebral disc without myelopathy, brachial neuritis, thoracic or lumbosacral neuritis, disorders of sacrum, acquired spondylolisthesis, lumbago, sprain of neck. Patient has had soma, norco, fioricet, and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical branch nerve block bilateral L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Facet Joint Diagnostic Block (Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to guidelines it states facet joint injections are not recommended for acute or subacute low back pain or radicular pain syndromes. Based on this, it is not medically necessary.

1st cervical epidural steroid injection at C7-T1 cath at C3-7 under fluoroscopy guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidu. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Facet Joint Diagnostic Blocks (Injections)

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

Decision rationale: According to guidelines, ESIs are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There should be documented functional improvement. According to the medical records the patient there is no home exercise program in place and thus is not medically necessary.