

Case Number:	CM14-0207788		
Date Assigned:	12/19/2014	Date of Injury:	08/08/2011
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
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 6/8/2011. Diagnosis includes generalized pain, cervical radiculopathy, and carpal tunnel syndrome/ the most recent progress note dated 6/5/14 documents complaints of generalized pain. The patient is status post cervical epidural steroid injection resulting in a 50% reduction in pain. The patient complains of neck pain radiating into the left shoulder, left scapula and left upper arm. MRI of the cervical spine on 7/14/2011 revealed no evidence of severe radicular compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI: Upheld

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

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

Decision rationale: According to guidelines it states a second ESI should be done only if the first one shows success including at least 50% pain relief. According to medical records there is no documentation of duration of relief and the notes state the patient still has pain with no improvement on meds. Based on this the request is not medically necessary.

