

Case Number:	CM14-0218575		
Date Assigned:	01/08/2015	Date of Injury:	09/17/1998
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male who sustained an industrial related injury on 9/17/98 after a slip and fall accident. The injured worker had complaints of neck pain, knee pain, headaches, and nausea. Prescriptions included Duragesic, Tramadol, Zanaflex, Celebrex, Ditropan, and Medrox. Diagnoses included myalgia, myositis, cervicobrachial syndrome, hand joint pain, and lumbago. The treating physician requested authorization for cervical epidural steroid injection (levels not given). On 12/10/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had previously received epidural steroid injections without documentation of significant functional benefits. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (levels not included): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 9/17/98 . The medical records provided indicate the diagnosis of myalgia, myositis, cervicobrachial syndrome, hand joint pain, and lumbago. Treatments have included previous Cervical epidural steroid injection, Duragesic, Tramadol, Zanaflex, Celebrex, Ditropan, and Medrox. The medical records provided for review do not indicate a medical necessity for Cervical epidural steroid injection (levels not included). The MTUS does not recommend.