

<b>Case Number:</b>	CM15-0143029		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on October 18, 2001. The injured worker was diagnosed as having cervical disc degeneration. Treatment to date has included epidural steroid injection, physiotherapy, medication and magnetic resonance imaging (MRI). A progress note dated June 26, 2015 provides the injured worker complains of neck and low back pain radiating to the arms and legs. He rates the pain 7 out of 10. Previous cervical epidural steroid injection provided more than 50% pain reduction. Physical exam notes decreased cervical and lumbar range of motion (ROM), tenderness to palpation and the use of a back brace. The plan includes cervical epidural steroid injection, Norco and lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers Compensation. Cervical spine injury medical treatment guidelines. Denver (CO). 2014 Feb 3: p 96.

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

**Decision rationale:** Treatment records indicate that pre-procedure lab studies have been requested prior to a planned cervical epidural injection. MTUS does not support an indication in general for such pre-procedure studies. The records do not clearly provide an alternate rationale for this request. Therefore, this request is not medically necessary.

**SMA7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers Compensation. Cervical spine injury medical treatment guidelines. Denver (CO). 2014 Feb 3: p 96.

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

**Decision rationale:** Treatment records indicate that pre-procedure lab studies have been requested prior to a planned cervical epidural injection. MTUS does not support an indication in general for such pre-procedure studies. The records do not clearly provide an alternate rationale for this request. Therefore, this request is not medically necessary.

**PT/PTT with INR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers Compensation. Cervical spine injury medical treatment guidelines. Denver (CO). 2014 Feb 3: p 96.

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

**Decision rationale:** Treatment records indicate that pre-procedure lab studies have been requested prior to a planned cervical epidural injection. MTUS does not support an indication in general for such pre-procedure studies. The records do not clearly provide an alternate rationale for this request. Therefore, this request is not medically necessary.

**UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers Compensation. Cervical spine injury medical treatment guidelines. Denver (CO). 2014 Feb 3: p 96.

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

**Decision rationale:** Treatment records indicate that pre-procedure lab studies have been requested prior to a planned cervical epidural injection. MTUS does not support an indication in general for such pre-procedure studies. The records do not clearly provide an alternate rationale for this request. Therefore, this request is not medically necessary.