

Case Number:	CM15-0029840		
Date Assigned:	02/23/2015	Date of Injury:	06/13/2013
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male, who sustained a work related injury on 6/13/13. The diagnoses have included C5-6 and C6-7 disc degeneration/stenosis, bilateral cervical radiculopathy, lumbar radiculopathy, closed head injury with post traumatic headaches and depression/anxiety. Treatments to date have included physical therapy, oral medications and MRI lumbar spine. In the PR-2 dated 1/19/15, the injured worker complains of neck pain with associated headaches. He rates the pain a 4-6 on medications and an 8/10 off of medications. He complains of bilateral shoulder pain. He rates this pain a 6/10 on medications and an 8/10 off of medications. He complains of low back pain. He rates this pain a 7/10 on medications and a 10/10 off of medications. He complains of tenderness to touch over left neck musculature and lower back and left sacroiliac joint areas. He has decreased range of motion in neck, both knees and lower back. On 2/2/15, Utilization Review non-certified requests for an epidural steroid injection on the right at L5 and a pain management consultation. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection on the right at L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, the request for Epidural Steroid Injection on the right at L5 is not medically necessary.