

Case Number:	CM15-0046779		
Date Assigned:	03/23/2015	Date of Injury:	10/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old male, who sustained an industrial injury on October 1, 2014. He has reported while cleaning carpet in a room he was hit by a closing door on the lower back. The diagnoses have included cervical disc herniation, spinal stenosis of cervical spine, neck pain and lumbar disc herniation with radiculopathy. Treatment to date has included Non-steroidal anti-inflammatory drug, physical therapy and analgesics. Currently, the injured worker complains of neck and low back pain. In a progress note dated February 6, 2015, the treating provider reports neck examination reveals moderate tenderness, and moderate tenders of the trapezius and rhomboid muscles, lumbar spine there is moderate tenderness of the bilateral paraspinal muscles and right sciatic notch tenderness, there is weakness and sensory deficit noted. The provider is requesting lumbar epidural steroid injection and cervical epidural steroid injections based on the results of the Magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. According to the progress note dated January 16, 2015, the injured employee does not have any complaints of radicular symptoms of the upper and lower extremities and there are no findings of a radiculopathy on physical examination. Considering this, the request for cervical spine epidural steroid injections is not medically necessary.

Lumbar epidural steroid injection L5-S1: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. According to the progress note dated January 16, 2015, the injured employee does not have any complaints of radicular symptoms of the upper and lower extremities and there are no findings of a radiculopathy on physical examination. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.