

Case Number:	CM15-0047887		
Date Assigned:	03/19/2015	Date of Injury:	05/31/2012
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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, New York
Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 5/31/12. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having cervical, thoracic and lumbar strain with myofascial pain, C5-C6 degenerative disc disease with osteophyte formation and mild disc protrusion, L4-L5 and L5-S1 degenerative facet changes with complex cysts along the area near the right L4-L5 level, and bilateral carpal tunnel syndrome. Treatments to date have included injections, muscle relaxants, pain medication and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of back pain with radiation to the bilateral lower extremities. The plan of care was for a cervical epidural steroid injection and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (level not specified): Upheld

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

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

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there was no deficits in strength and patchy areas of decreased sensation but no findings that followed specific dermatomes. The patient did not have an MRI, which supported findings of radiculopathy. The patient has been treated with conservative measures. The chart does not show a failure to improve after conservative treatment modalities. Therefore, the request is considered not medically necessary.