

Case Number:	CM15-0059391		
Date Assigned:	04/03/2015	Date of Injury:	12/10/2010
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 was a 60-year-old female, who sustained an industrial injury, December 10, 2010. The injured worker previously received the following treatments random toxicology laboratory studies, physical therapy, Prilosec, Anaprox, Trazadone and Tylenol. The injured worker was diagnosed with cervical spine bulge, thoracic strain, lumbar spine disc bulge, bilateral shoulder pain, cervical radiculopathy, anxiety, depression, low back pain and chronic pain syndrome. According to progress note of February 26, 2015, the injured workers chief complaint was neck pain. The physical exam noted cervical spine tenderness with range of motion of the shoulders. The treatment plan included cervical epidural steroid injection times 2 with fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections x2 with fluoroscopy: Upheld

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

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

Decision rationale: Due to the scientific uncertainty regarding the benefits of epidural injections, the MTUS Guidelines have very specific criteria to justify their use. These criteria include clear clinical dermatomal loss that corresponds with diagnostic studies and only a single trial injection is recommended to establish if there is any pain relief. Neither of the Guideline, criteria are met with this request nor there are no unusual circumstances to justify an exception to Guidelines. The request for cervical epidural injections X's2 with fluroscopy is not supported by Guidelines and is not medically necessary.