

Case Number:	CM15-0059781		
Date Assigned:	04/06/2015	Date of Injury:	09/02/2014
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
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: Texas, Illinois

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 is a 50 year old male who sustained a work related injury September 2, 2014. According to a primary treating physician's progress report, dated February 11, 2015, the injured worker presented with complaints of stabbing neck pain, rated 5-7/10, with pins and needles sensation in his left upper extremity. He also complains of aching, stabbing low back pain radiating to his left lower extremity, rated 3/10. He is currently taking Crestor, an antidepressant, attending physical therapy, and presently working. Diagnoses included cervical radiculopathy, left; lumbar pain with left sided radiculopathy. The physician documented that due to his increased pain level he is making him temporarily totally disabled for six weeks. Treatment plan included a request for authorization for pain management consultation, for a third cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for third cervical epidural steroid injection: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on September 2, 2014. The medical records provided indicate the diagnosis of cervical radiculopathy, left; lumbar pain with left sided radiculopathy and treatments have included x 2 cervical steroid injections. The medical records provided for review do not indicate a medical necessity for Pain management consultation for third cervical epidural steroid injection. The records indicate the injured worker had 80% improvement in pain that was responsible to his returning to regular work; the next injection improved his pain to the 85th percentile of the state before the initial injection. The records do not indicate the dates of the injection and the duration of benefit. The MTUS recommends that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Therefore the request is not medically necessary.