

Case Number:	CM15-0087914		
Date Assigned:	05/12/2015	Date of Injury:	06/24/2013
Decision Date:	09/30/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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: Indiana, Michigan, California
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 54-year-old female who experienced a work related injury on June 24, 2013. Diagnosis is cervical strain. Treatment has involved physical therapy, TENS unit, trigger point injections and medications. No imaging results were found on chart review. Request is for a consultation for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment for possible epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

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

Decision rationale: The MTUS guidelines have specific criteria for the use of Epidural steroid injections. The guidelines state that radiculopathy must be documented by physical exam and corroborated by imaging studies and or electro diagnostic testing. Chart review did not reveal radiculopathy in a clear or detailed manner and no imaging or electro diagnostic results were found. The physical exam was consistent with a normal neurological assessment. Therefore, the request for consultation for Epidural steroid injections is not medically necessary and appropriate.

