

Case Number:	CM14-0112936		
Date Assigned:	08/01/2014	Date of Injury:	12/13/1995
Decision Date:	10/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 62 y/o female who has developed chronic spinal problems subsequent to an injury dated 12/13/95. She has a prior history of multiple cervical and lumbar spinal surgeries including multi-level cervical fusions. She is reported to have increased cervical pain with spasm. No radicular findings are documented. A recent cervical MRI was requested, but the results are not documented in the records sent for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific that an epidural is only recommended if there is a clear clinical dermatomal radiculopathy plus corresponding testing results (MRI and/or electrodiagnostic). Even though the MRI results are pending the requesting physician does not document an active radiculopathy. Under these circumstances the requested cervical epidural injection is not medically necessary.

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines support the use of referrals when they are medically necessary. The referral/consultation appears to be related to the request for the cervical epidural, which at this time is not medically necessary. Therefore, Consultation is not medically necessary and appropriate.