

Case Number:	CM14-0116003		
Date Assigned:	08/04/2014	Date of Injury:	09/12/2012
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of the level or laterality at which the injection is targeted, there is no documentation of failed conservative treatment, and the PE findings do not corroborate with the diagnosis of radiculopathy. Furthermore, the record indicates that lumbar epidural steroid injections are to be given as well, and the guidelines do not support cervical and lumbar epidural injections simultaneously. In the absence of the required clinical documentation, the requested procedure is deemed not medically necessary and is recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in

Workman's Compensation (TWC), Online Edition, Chapter: Low Back Lumbar and Thoracic (Acute and Chronic)

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

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of the level or laterality at which the injection is targeted, there is no documentation of failed conservative treatment, and the PE findings do not corroborate with the diagnosis of radiculopathy. Furthermore, the record indicates that lumbar epidural steroid injections are to be given as well, and the guidelines do not support cervical and lumbar epidural injections simultaneously. In the absence of the required clinical documentation, the requested procedure is deemed not medically necessary.