

Case Number:	CM14-0135462		
Date Assigned:	08/29/2014	Date of Injury:	07/10/1997
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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:

The records, presented for review, indicate that this 63-year-old male was reportedly injured on July 10, 1997. There were multiple injuries noted, multiple mechanisms of injury, and it is unclear which one occurred with this date of injury. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated a decrease in range of motion and evidence of anterior cord compression. Diagnostic imaging studies objectified multiple level degenerative disc disease, and postoperative changes. Previous treatment included multiple surgical interventions, electrodiagnostic assessment, physical therapy, multiple medications and pain management interventions. A request had been made for cervical epidural steroid injections and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Epidural Steroid Injection at C5-7, under Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) 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 a verifiable radiculopathy on electrodiagnostic studies, corroboration physical examination or nerve root compromise. As such, the requested procedure is deemed not medically necessary.