

Case Number:	CM14-0091569		
Date Assigned:	07/25/2014	Date of Injury:	07/12/2013
Decision Date:	09/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 & 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 injured worker is a 45 year-old male who was reportedly injured on July 12, 2013. The mechanism of injury is not listed as a lifting event. The most recent progress note dated June 18, 2014 indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated a hypertensive (141/83) individual with no apparent distress. There is no noted tenderness to palpation and cervical spine range of motion was slightly decreased. Motor function was under be 5/5 and deep tendon reflexes were equal throughout both upper extremities. Diagnostic imaging studies objectified a 3 mm disc lesion at C6-C7. Previous treatment includes medications, physical therapy and pain management interventions. A request was made for cervical epidural steroid injections and was not certified in the pre-authorization process on June 11, 2014. It is also noted that maximum medical improvement has been declared in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 epidural steroid injection, RFA.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines: Epidural Steroid Injections Page(s): 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 of 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, the standards for this treatment (which can be recommended) is that there is pain in dermatomal distribution with corroborative findings of radiculopathy on electrodiagnostic study. While noting there are degenerative changes in the cervical spine, and a foraminal stenosis noted there is no data presented to suggest that there is a nerve root compression or changes on elected diagnostic assessment to support this. Therefore, based on the data presented for review the medical necessity for this feature is not established. The request is not medically necessary.

L5-S1 epidural steroid injection, RFA.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines: Epidural Steroid Injections Page(s): 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 of 127.

Decision rationale: California Medical Treatment Utilization Schedule 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, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of a verifiable radiculopathy on diagnostic studies. As such, the medical necessity is not established. The request is not medically necessary.