

Case Number:	CM14-0217764		
Date Assigned:	01/07/2015	Date of Injury:	05/01/2009
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Arizona, 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 58 year old male who suffered a work related injury on 05/01/09. He was diagnosed with lumbar and cervical disc displacement and cervical and lumbar radiculopathy. Per the physician notes from 11/18/14, he complains of lower back and neck pain. Exam findings were noted for decreased painful range of motion of the cervical spine. There was mild weakness and tingling in the left upper extremity. The treatment plan consists of cervical ESI with IV sedation, Valium, Vicodin, Tizanidine, Neurontin, Zantac, and therapeutic exercise. On 12/18/14, the Claims Administrator non-certified the Cervical ESI, monitored anesthesia, and epidurography evaluation, citing MTUS, ACOEM, and ODG guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical C5-6 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case the claimant has been received epidural steroid injections for the lumbar spine which similarly provided short-term relief and at the time of the cervical request for an ESI the low back had 8/10 pain. The request for cervical epidural steroid injections is not medically necessary.

Monitored Anesthesia care: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case the claimant has been received epidural steroid injections for the lumbar spine which similarly provided short-term relief and at the time of the cervical request for an ESI the low back had 8/10 pain. The request for cervical epidural steroid injections is not medically necessary. Since the ESI is not medically necessary, the anesthesia is not medically necessary.

Epidurography Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case the claimant has been received epidural steroid injections for the lumbar spine which similarly provided short-term relief and at the time of the cervical request for an ESI the low back had 8/10 pain. The request for cervical epidural steroid injections is not medically necessary. Since the ESI is not medically necessary, the Epidurogram is not medically necessary.