

Case Number:	CM15-0018341		
Date Assigned:	02/06/2015	Date of Injury:	09/23/2011
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38-year-old female, who sustained an industrial injury on 09/23/2011. The diagnoses have included chronic cervical, thoracic, and lumbar spine strains, left cervical radiculopathy, left rotator cuff tendinitis and impingement syndrome, left shoulder girdle strain, cervical disc protrusion at C4-C5-C6-C7, and lumbar disc protrusion at L4-5 and L5-S1. Noted treatments to date have included medications. Diagnostics to date have included MRI of cervical spine on 07/11/2014, which showed reversal of the cervical spine curvature, early disc desiccation at C2-3 to C6-7 levels, focal central disc protrusion effacing the the cal sac at C4-5 and C5-6, and diffuse disc protrusion effacing the the cal sac at C6-7. In a progress note dated 11/03/2014, the injured worker presented for a follow up and is awaiting authorization to proceed with second cervical epidural injection. Utilization Review determination on 12/31/2014 non-certified the request for Continued Pain Management Treatment citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One continued pain management treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: According to the attached medical record the request for continued pain management treatment is for a second epidural steroid injection for the cervical spine. The injured employee has had a previous epidural steroid injection and this was stated to provide good relief. However, the UR physician noted that this has not been quantified with objective pain relief and it is unknown how long pain relief is obtained for, and based their denial rationale on the assertion that without this information, this request for continued pain management treatment for a second epidural steroid injection for the cervical spine is not medically necessary. I respectfully disagree; the pain management consultation is not limited in scope to solely an assessment of appropriateness for repeat epidural steroid injection. The request is medically necessary.