

Case Number:	CM15-0062991		
Date Assigned:	04/08/2015	Date of Injury:	06/12/2014
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 46 year old female, who sustained an industrial injury on June 12, 2014. She reported a trip and fall episode during which she fell predominately on her left side and had a brief loss of consciousness. Treatment to date has included back brace, knee brace, crutches, physical therapy, cortisone injections and pain medications. Currently, the injured worker complains of pain which she rates a 9 on a 10-point scale. She reports that her pain is aching, burning, nagging, shooting, sharp, radiating, penetrating, unbearable, tiring and throbbing. The pain affects her mood, walking ability, normal work, sex, and sleep. The physical exam reveals no motor, sensory, or reflex testing. There was tender paraspinals and an antalgic gait. The upper extremity exam was unremarkable. Diagnoses associated with the evaluation included degenerative disc disease and chronic pain. Her treatment plan includes home exercise program and cervical transforaminal epidural steroid injection of the left C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection with fluoroscopy at the left C5-C6 level: Upheld

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

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

Decision rationale: Transforaminal Epidural Steroid Injection with fluoroscopy at the left C5-C6 level is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted physical exam findings suggestive of a radiculopathy .Therefore the request for epidural steroid injection is not medically necessary.