

Case Number:	CM13-0025001		
Date Assigned:	11/20/2013	Date of Injury:	05/23/2011
Decision Date:	02/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 55-year-old female who reported an injury on 05/23/2011. The mechanism of injury was reported as cumulative trauma. The clinical documentation dated 11/12/2013 reported the patient was postop following a left shoulder arthroscopy on 10/30/2013. The patient complained of postoperative pain and soreness. The patient medication regimen included Norco, Flexeril and Protonix, of which the dosage and frequency were not provided in the medical records. Examination of the left shoulder revealed that surgical portals had healed well. Review of the medical record also revealed the patient had a cervical MRI on 09/21/2011 and 01/24/2012, which revealed tendonitis and bursitis without injury. Electromyography (EMG) studies done 03/02/2012 reported negative findings of radiculopathy or compression neuropathy. A lumbar MRI done on 04/03/2012 revealed moderate stenosis due to shortened pedicles, routine-appearing degenerative disc changes and routine facet arthropathy. The patient's treatment plan included an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The requested epidural steroid injection at the L4-5 level is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of radicular symptoms that would support the need for a lumbar epidural steroid injection. The California Medical Treatment Utilization Schedule recommends the use of epidural steroid injections when the patient has physical findings consistent with radiculopathy that are supported by an imaging study that have been nonresponsive to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has physical findings of radiculopathy. Additionally, although an MRI was mentioned in the documentation it was not submitted for review to support nerve root pathology. As such, the requested lumbar epidural steroid injection at the L4-5 level is neither medically necessary nor appropriate.