

Case Number:	CM13-0026815		
Date Assigned:	01/15/2014	Date of Injury:	12/28/2009
Decision Date:	03/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 : Interventional Spine and is licensed to practice California. 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:

This is a 53 year-old female who has a 12/28/09 cumulative trauma industrial injury claim. According to the 8/21/13 report from [REDACTED], the patient presents with neck and back pain, pain in both knees, and both feet and right shoulder. Exam findings include positive Apleys, and left SLR. On 9/5/13, [REDACTED] UR recommended non-certification for a lumbar ESI based on [REDACTED] 8/21/13 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient presents with pain in the neck, back, right shoulder, bilateral knees and feet. [REDACTED] handwritten 8/21/13 report did not identify a specific level of lumbar nerve root compromise. The 8/21/13 RFA does not specify what level(s) the lumbar ESI was to be performed; and only provided cervical diagnoses. I have been provided a subsequent report

from [REDACTED], dated 11/27/13. The diagnoses include cervical sprain; lumbar sprain; possible cervical disc and lumbar disc injury; clinical lumbosacral radiculopathy involving the left leg; myofascial pain syndrome. The exam findings showed decreased cervical and lumbar ROM, normal strength. And myofascial trigger points in the cervical and lumbar paraspinals. The MTUS criteria for a lumbar ESI requires documentation of exam findings consistent with radiculopathy and corroboration with either imaging or electrodiagnostic studies. The available medical reports state there is a positive SLR, but do not state what dermatomal distribution it reproduced the pain or paresthesia in. There was no discussion of a dermatomal distribution of subjective complaints, if any; and it is unknown what level the physician is requested the ESI for. There are no imaging studies or electrodiagnostic studies provided for this IMR. Based on the available information, the request is not in accordance with MTUS guidelines.