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| Case Number: | CM13-0028334 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 05/04/2010 |
| Decision Date: | 02/17/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 & Rehabilitation and is licensed to practice in 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:

The patient reported an injury on 05/04/2010. The patient is currently diagnosed with neck pain, shoulder pain, and status post lumbar spine surgery. The patient was seen by [REDACTED] on 06/11/2013. The patient reported ongoing neck pain with radiation to bilateral upper extremities. The patient also reported lower back pain with radiation to bilateral lower extremities. It is noted the patient underwent a lumbar epidural steroid injection in November and December of 2012. Physical examination revealed limited cervical range of motion, tightness and stiffness, tenderness over the cervical spinous processes from C5 to T6, tenderness over the cervical facet joints, positive provocation testing, trigger points, tenderness over the left shoulder joint and supraspinatus and biceps tendons, limited range of motion of the left shoulder, tightness and tenderness with trigger points in the left shoulder, minimal tenderness over bilateral wrist with positive Tinel's testing, diminished grip strength bilaterally, limited lumbar range of motion, significant tenderness to palpation, tenderness over the lumbar facet joints, positive provocation testing, tenderness over the sacroiliac joints bilaterally, diminished sensation at left L5 and S1 nerve root distributions, and absent lower extremity reflexes. Treatment recommendations included continuation of current medication and lumbar epidural steroid injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for repeat lumbar ESI: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient received a lumbar epidural steroid injection in November and December of 2012. Documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided for review. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. Based on the clinical information received, the request is non-certified.