

Case Number:	CM13-0029840		
Date Assigned:	11/01/2013	Date of Injury:	03/28/2012
Decision Date:	02/20/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/25/2013

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 and is licensed to practice in Oklahoma 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 43-year-old male who reported an injury on 03/28/2012. The mechanism of injury was a motor vehicle accident that involved 2 commercial vehicles, a forklift and an electric pallet jack. The patient's treatments to date include medications, an unknown duration of physical therapy, an unknown duration of chiropractic treatment, an unknown duration of acupuncture, activity restrictions and multiple other modalities. The patient was noted to have been diagnosed with a left shoulder supraspinatus tendinopathy and received surgery on 10/01/2013. Other than the patient's left shoulder; he also complained of lower back pain. An x-ray of the low back, performed on an unknown date, revealed discogenic spondylosis at L5-S1 and apophyseal joint arthrosis at L4-5 and L5-S1. The patient received an electromyography/nerve conduction study (EMG/NCS) of the bilateral lower extremities on 07/02/2012 that was normal. Another EMG/NCS was performed on 08/15/2012 and then reported mild bilateral S1 radiculopathy. The patient then received an MRI on 08/23/2012 that reported a 1.9 to 2.7 mm disc protrusion at L4-5 and a 4.2 to 4.8 mm disc protrusion at L5-S1. There was mild left-sided neural foraminal narrowing and effacement of the left L5 exiting nerve root and grade I retrolisthesis of L5 over S1. At that time, the patient was prescribed topical analgesics for application to the most painful areas. Although the patient was referred for a lumbar epidural steroid injection in 10/2012, it is unclear if he ever received one. The patient's primary care physician stated that due to the patient's diabetes, he would have to fast for 14 hours prior to the administration of the epidural steroid injection. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection to the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of epidural steroid injections to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in a more active treatment program. The criteria that must be met in order to receive an injection include objective documentation of radiculopathy on physical examination that is corroborated by imaging studies or electrodiagnostic testing; the patient must be initially unresponsive to conservative treatment; no more than 2 nerve root levels to be injected using transforaminal blocks; and no more than 1 interlaminar level should be injected at 1 session. As most of the clinical information submitted for review revolved around the patient's shoulder injury, there was no objective documentation provided in regard to the lumbar spine. Without documentation of physical exam findings of radiculopathy, there was no indication that an epidural steroid injection was needed at this time. The request also fails to identify which levels would be injected and by what method. As such, the request for an epidural steroid injection to the lumbar spine is not medically necessary or appropriate at this time.