

Case Number:	CM13-0031230		
Date Assigned:	12/04/2013	Date of Injury:	08/10/2009
Decision Date:	01/16/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 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.

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 53-year-old female who reported an injury on 01/08/2009. The patient is currently diagnosed with lumbar spondylosis, pain in a joint of the shoulder, and myalgia and myositis. The patient was recently evaluated by [REDACTED] on 11/14/2013. The patient complained of persistent back and left shoulder pain, with radiation to bilateral hips. Physical examination revealed positive straight leg raising, symmetric reflexes bilaterally, tenderness to palpation, an antalgic gait, and restricted range of motion. Treatment recommendations included a lumbar transforaminal epidural steroid injection at bilateral L5 with lumbar facet blocks bilaterally at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection to L-5-S1: 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. Patients should prove initially unresponsive to

conservative treatment. As per the clinical notes submitted, it is noted that the patient has received relief with previous epidural steroid injections. Documentation of a satisfactory response to previous injections, as evidenced by a 50% relief for 6 to 8 weeks, was not provided. Additionally, there is no evidence of a failure to respond to previous conservative treatment with exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.