

Case Number:	CM13-0032283		
Date Assigned:	12/11/2013	Date of Injury:	01/17/2011
Decision Date:	04/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 injured worker is a female with date of injury of 1/17/2011. According to the primary treating physician's progress report, the injured worker complains of pain in her neck radiating down the left arm and leg. She is currently not working. Her symptoms are worse with sitting, standing and walking. She has difficulties with bending and lifting. On exam, her cervical spine range of motion is flexion about 60 degrees, extension 20 degrees, bilateral rotation about 30 degrees. The lumbar spine shows she is somewhat tender on the lower lumbar area right and left side. The lumbar flexion is about 20 degrees and extension 20 degrees. The diagnosis is cervical and lumbar spine sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

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

Decision rationale: Additional information provided by the requesting provider in response to the denial of the request for epidural steroid injection was reviewed. The requesting provider

explains that the request is for diagnostic left lumbar medial branch blocks of the bilateral L4-5, L5-S1. On exam, there is exquisite tenderness adjacent to the spinous process on both sides of the lower lumbar spine. There is decreased lumbar range of movement on exam. The injured worker has a normal sensory exam and a negative straight leg raise. Her pain problem has been present for several years and has failed conservative management, with physical therapy, home exercise program as well as analgesics consisting of ibuprofen, Tylenol, heat and ice. The request being reviewed is for an epidural steroid injection. This additional information provided by the requesting provider is not consistent with this, as it is now described as a diagnostic facet-joint injection. The Chronic Pain Guidelines recommend epidural steroid injections when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and the requesting provider has acknowledged that these criteria are not met. The request for epidural steroid injection is determined to not be medically necessary.