

Case Number:	CM13-0033643		
Date Assigned:	12/06/2013	Date of Injury:	03/06/2003
Decision Date:	02/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Practice and is licensed to practice in 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

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 55-year-old female who reported an injury on 03/06/2003. The patient is currently diagnosed with cervical spine disc bulge with radiculopathy, thoracic spine strain, status post lumbar spine surgery, right shoulder strain, and probable fibromyalgia. The patient was seen by [REDACTED] on 08/13/2013. The patient reported persistent pain in the neck, upper back, lower back, and right shoulder. Physical examination revealed diminished range of motion of the lumbar spine, knee, and intact sensation. Treatment recommendations included caudal epidural injection and consultations with the pain medicine specialist and orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Lumbar Epidural Steroid Injection: 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient does not demonstrate signs or symptoms of radiculopathy upon physical examination. There is no evidence of diminished sensation in a

specific dermatome, weakness, or diminished reflexes. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no evidence that this patient has been unresponsive to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection.

Epidurography and anesthesia are also not medically necessary, as the patient does not currently meet criteria for an epidural steroid injection. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Epidurography, anesthesia: 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: The Physician Reviewer's decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient does not demonstrate signs or symptoms of radiculopathy upon physical examination. There is no evidence of diminished sensation in a specific dermatome, weakness, or diminished reflexes. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no evidence that this patient has been unresponsive to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection. Epidurography and anesthesia are also not medically necessary, as the patient does not currently meet criteria for an epidural steroid injection. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.