

Case Number:	CM13-0040476		
Date Assigned:	03/21/2014	Date of Injury:	01/18/2008
Decision Date:	04/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation 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 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 patient is a 65-year-old male who reported an injury on 01/18/2008 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to multiple body parts to include the low back and cervical spine. The patient's treatment history included an epidural steroid injection at the L4-5, physical therapy, aquatic therapy, and medications. The patient's lumbar spine was evaluated on 09/16/2013, and it was documented that the patient had pain in the neck, low back, right shoulder, left shoulder, right wrist and hand, and left wrist and hand. The patient's diagnoses included cervical spine disc bulges, lumbar spine disc bulges with radiculopathy, right shoulder internal derangement, left shoulder internal derangement, bilateral carpal tunnel syndrome. A request was made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

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

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

Decision rationale: The requested lumbar epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular pain that is recalcitrant to conservative treatment. The California Medical Treatment Utilization Schedule also recommends repeat epidural steroid injections for patients who have at least 50% pain relief for 4 to 6 weeks and documentation of functional improvement. The clinical documentation does indicate that the patient received an epidural steroid injection in 03/2013. However, the efficacy of that injection was not documented within the medical records submitted for review. Therefore, the need for an additional epidural steroid injection cannot be determined. Additionally, the request as it is submitted does not clearly indicate at what level the lumbar epidural steroid injection is being requested for. Therefore, the appropriateness of the request cannot be determined. Additionally, the patient's most recent clinical evaluations do not provide any indication that the patient has any current symptoms of radiculopathy that would benefit from an epidural steroid injection. As such, the requested lumbar epidural steroid injection is not medically necessary or appropriate.