MAXIMUS Federal Services

Case Number:	CM13-0052537		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2007
Decision Date:	04/21/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery, 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:

Patient is a 57 year old female with an industrial injury on 8/18/07. Current diagnoses are cervical degenerative disc disease, shoulder joint pain, myofascia pain, cervical and lumbar radiculopathy, and sleep issues. MRI of the lumbar spine from 8/5/09 demonstrates L3-4 central stenosis, diffuse thoracic and lumbar neuroforaminal stenosis, grade 1 spondylolisthesis at all lumbar levels, degenenerative disc disease most severe at L3-4. Exam notes from 9/30/13 demonstrate patient complains of pain from neck to the upper extremity. Patient ambulates with a walker. Range of motion is decreased and patient has lefft upper extremity spasms. Pain is rated 8/10. Patient has been presribed Morphine, Gabapentin and Senna. Exam notes from 10/23/13 demonstrate patient has been diagnosed with lumbosacral or thoracic neuritis or radiculitis, crvicogenic headaches and lumbar degenerative disc disease. Exam notes from 12/6/13 demonstrate patient is still in pain and is suffering from depression and anxiety. Request is 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:

EPIDURAL STEROID INJECTION LUMBAR: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. There is no evidence in the records submitted to support lumbar epidural as there is no physical exam findings suggestive of radiculopathy. Therefore the determination is for non-certification.