

Case Number:	CM13-0058020		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2012
Decision Date:	05/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Texas and 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 46-year-old male who reported an injury on 11/22/2012. The mechanism of injury was not provided. The current diagnoses include lumbar disc disease and status post left shoulder arthroscopy with subacromial decompression and rotator cuff repair. The injured worker was evaluated on 10/31/2013. The injured worker reported low back pain with lower extremity radiculopathy. Prior conservative treatment was not mentioned. Physical examination on that date revealed tenderness to palpation in the paralumbar region, limited range of motion, and 4/5 strength. The treatment recommendations at that time included physical therapy for the shoulder and an epidural steroid injection for the lumbar spine. The injured worker has previously undergone an MRI of the lumbar spine on 12/24/2012, which indicated a 3 to 4 mm posterior disc bulge at L5-S1 with disc desiccation, facet hypertrophy, and moderate bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI)s Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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. As per the documentation submitted, there was no evidence of diminished sensation or positive straight leg raising upon physical examination. There was also no mention of unresponsiveness to recent conservative treatment to include exercises, physical methods, NSAIDS and muscle relaxants. The specific level at which the epidural steroid injection will be administered was not stated in the request. Based on the aforementioned points, the current request is not medically necessary.