

Case Number:	CM13-0061757		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2012
Decision Date:	04/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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. 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 51-year-old male who reported an injury on 09/26/2012. The mechanism of injury was noted to be cumulative trauma. The examination dated 10/25/2013 revealed that the patient had shoulder, neck and back pain. The patient had a positive straight leg raise at 45 degrees bilaterally. The sensory examination was noted to be normal, and the motor system was noted to be normal. The diagnoses were noted to include cervical disc displacement; rotator cuff syndrome, NOS; and lumbar disc displacement. The request was made, per the physician, for a referral for a lumbar and thoracic ESI. The patient indicated that he had relief from past injections and would like an ESI to decrease the pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar and thoracic epidural steroid injection, levels unspecified: 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 Injections Section, Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Injections.

Decision rationale: California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review, while indicating that the request was for an epidural steroid injection, the request as submitted was for a nonspecific injections. As such, the Official Disability Guidelines for injections were utilized. The Official Disability Guidelines indicate that pain injections should be consistent with the intent of relieving pain, improving function, decreasing medications and encouraging a return to work; and repeat pain and other injections, not otherwise specified, should be at a minimum of 50% relief for a sustained period and clearly resulting in documentation of a reduction in pain medications, improvement in function and/or a return to work. Given the above and the lack of clarity, the request for lumbar and thoracic epidural steroid injection (levels unspecified) is not medically necessary.