

Case Number:	CM14-0007893		
Date Assigned:	02/07/2014	Date of Injury:	05/28/2013
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 patient is a 56-year-old male who has submitted a claim for Lumbar intervertebral disc Disorder (IVD) with Myelopathy, Cervical IVD Disorder with myelopathy, Shoulder periarthritis, and Rotator Cuff Syndrome, associated with an industrial injury date of May 28, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of cervical, upper thoracic, lumbosacral, and bilateral shoulder pain. On physical examination, there was tenderness of the bilateral shoulders, cervical spine, bilateral sacroiliac, lumbar, spine, and bilateral hands. The cervical, lumbar, and bilateral shoulder range of motion was limited. An MRI of the lumbar spine, dated November 9, 2013, revealed straightening of the lumbar lordotic curvature, disc desiccation at L3-4, posterior annular fissure at L3-4, and no significant spinal canal stenosis or neural foraminal narrowing at any level. The treatment to date has included medications, physical therapy, and chiropractic treatment. The utilization review from January 2, 2014 denied the request for lumbar epidural steroid injection (ESI) because there was no documentation of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

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

Decision rationale: The Chronic Pain Guidelines indicate that the criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and no more than two (2) nerve root levels should be injected using transforaminal blocks. In this case, the medical records failed to document subjective, objective, or imaging findings of radiculopathy. Furthermore, there was no discussion regarding the failure of conservative treatment. Moreover, the present request failed to indicate the lumbar levels to be injected. The request is incomplete and the criteria were not met. Therefore, the request for lumbar epidural steroid injection (ESI) is not medically necessary.