

Case Number:	CM14-0008933		
Date Assigned:	02/14/2014	Date of Injury:	06/20/2011
Decision Date:	07/21/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 34-year-old male who has submitted a claim for Pain in the Shoulder Joint, Lumbar Disc Displacement without Myelopathy, and Neck Sprains/Strains, associated with an industrial injury date of June 20, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck, right shoulder, right upper extremity, low back, and bilateral lower extremity pain, rated 8/10. He also complained of radicular symptoms into his bilateral lower extremities. On physical examination, the patient ambulated without assistance. Examination of the lumbar spine revealed a well-healed surgical scar over the lower part of the lumbar spine. There was tenderness of the bilateral paraspinal muscles. Range of motion was decreased on all planes. Deep tendon reflexes were symmetrical. No sensorimotor deficits were noted. Straight leg raise test was unremarkable. Lumbar spine x-rays dated February 12, 2013 revealed mild degenerative disc disease at L4-5 with moderate degenerative disc disease at L5-S1. EMG of the bilateral lower extremities dated December 4, 2013 revealed L5 lumbar radiculopathy and right superficial peroneal mononeuropathy with no myopathy or polyneuropathy. Treatment to date has included medications, physical therapy, shoulder arthroscopy, chiropractic care, aqua therapy, massage therapy, acupuncture, and TENS unit. Utilization review from December 23, 2013 denied the request for lumbar epidural steroid injection L5-S1. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging or electrodiagnostic study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. In this case, an appeal dated December 11, 2013 stated that the patient has failed all conservative management for the lower back and a lumbar epidural steroid injection at L5-S1 was requested to relieve the patient of his pain and to prevent the escalation of oral medications. The medical records also showed evidence of radicular symptoms and electrodiagnostic studies corroborating the presence of lumbar radiculopathy. The criteria were met. Therefore, the request for Lumbar Epidural Steroid Injection L5-S1 is medically necessary.