

Case Number:	CM14-0105581		
Date Assigned:	07/30/2014	Date of Injury:	05/20/2013
Decision Date:	09/25/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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:

According to the records made available for review, the injured worker is a 29-year-old female with a 5/20/13 date of injury. At the time (6/30/14) of the Decision for Epidural injections, there is documentation of subjective (pain in low back going to both legs with less tingling and numbness, neck and upper back pain more on the left, and shoulder and left hip pain more on the left shoulder going to arm with tingling) and objective (limited cervical and lumbar range of motion, tenderness and muscle spasm with myofascial pain and trigger points more on left side, Lasegue's test resulted in low back pain at 65 degrees on left and 70 degrees on right, absent deep tendon reflexes in upper and lower extremities, and dermatomes in upper and lower extremities were normal) findings, imaging findings (Lumbar Spine MRI (6/21/13) report revealed at L4-L5 small no greater than 1-mm radial thickness, left foraminal zone disc protrusion with mild left neural foraminal stenosis and at L5-S1 mild bilateral neural foraminal stenosis), current diagnoses (lumbar disc syndrome, cervical disc syndrome, radicular neuralgia, cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain), and treatment to date (chiropractic therapy, medications (including ongoing treatment with Prilosec, Motrin, Flexeril, and compound topical cream), and activity modifications). There is no documentation of the specific body part and specific level(s) to be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5 Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: According to the records made available for review, the injured worker is a 29-year-old female with a 5/20/13 date of injury. At the time (6/30/14) of the Decision for Epidural injections, there is documentation of subjective (pain in low back going to both legs with less tingling and numbness, neck and upper back pain more on the left, and shoulder and left hip pain more on the left shoulder going to arm with tingling) and objective (limited cervical and lumbar range of motion, tenderness and muscle spasm with myofascial pain and trigger points more on left side, Lasegue's test resulted in low back pain at 65 degrees on left and 70 degrees on right, absent deep tendon reflexes in upper and lower extremities, and dermatomes in upper and lower extremities were normal) findings, imaging findings (Lumbar Spine MRI (6/21/13) report revealed at L4-L5 small no greater than 1-mm radial thickness, left foraminal zone disc protrusion with mild left neural foraminal stenosis and at L5-S1 mild bilateral neural foraminal stenosis), current diagnoses (lumbar disc syndrome, cervical disc syndrome, radicular neuralgia, cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain), and treatment to date (chiropractic therapy, medications (including ongoing treatment with Prilosec, Motrin, Flexeril, and compound topical cream), and activity modifications). There is no documentation of the specific body part and specific level(s) to be addressed. Therefore, the requested treatment is not medically necessary.