

Case Number:	CM14-0107871		
Date Assigned:	09/16/2014	Date of Injury:	04/06/2012
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine 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:

There were 124 pages provided for this review. The application for independent medical review was signed on July 8, 2014. The service was lumbar epidural steroid injection bilaterally at L4-L5 level. The diagnoses include cervical sprain-strain, cervical radiculopathy, lumbar sprain-strain, and lumbar radiculopathy, shoulder impingement, elbow sprain strain, wrist tendinitis bursitis, knee tendinitis bursitis and ankle tendinitis bursitis. The patient has ongoing low back pain with L5 radicular symptoms with decreased sensation in the L5 dermatome. The EMG and nerve conduction studies however did not corroborate radiculopathy at L4-L5. The MRI showed a disc bulge there, but there was no significant neural foraminal narrowing or canal stenosis. There was no imaging confirmation of the source of radiculopathy. He is a 47-year-old man who was injured on April 6, 2012. He was lifting a trash bag which weighed 30 to 40 pounds when he experienced pain to the low part of the back. He has been treated previously with medicines, lumbar support, physical therapy with improvement, 8 to 9 sessions of 'shock' to the head [no further detail] which made him more anxious, shaky and difficulty with concentration, 20 sessions of physical therapy and therapeutic modalities entities have not significantly reduce the pain. The patient continued to be symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Bilateral L4 - L5 Levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI, if done, do not meet this criterion. The request appears appropriately non-certified based on the above.