

Case Number:	CM14-0010632		
Date Assigned:	02/21/2014	Date of Injury:	02/13/2012
Decision Date:	06/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of February 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; MRI imaging of April 18, 2013, notable for a 6-7 mm disk bulge at L3-L4 with associated moderate neuroforaminal and spinal canal stenosis; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated December 27, 2013, the claims administrator partially certified a request for two epidural steroid injections as one epidural steroid injection, citing non-MTUS ODG Guidelines although the MTUS did in fact address the topic. The applicant's attorney subsequently appealed. On November 26, 2013, the applicant did present with multifocal neck, shoulder, hand, and low back pain, the latter of which radiated to the bilateral lower extremities. The applicant also reports derivative complaints of anxiety, stress, and depression. The applicant was off of work, on total temporary disability. Lower extremity strength was 5/5 bilaterally with some decreased sensorium noted about the right lower extremity. Authorization was apparently sought for a series of two epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS AT L3-L4, SERIES OF 2 TO THE RIGHT SHOULDER(S): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections are not recommended. By implication, the series of two epidural steroid injections being proposed here is likewise not recommended. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests reassessment of applicants after each injection and to use functional improvement and pain relief as the criteria needed to justify repeat blocks. Therefore, the request for a series of two epidural steroid injections is not medically necessary.