

Case Number:	CM14-0011517		
Date Assigned:	02/21/2014	Date of Injury:	06/05/2012
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 claimant is a 48 year-old female with date of injury 06/05/2012. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/20/2013, lists subjective complaints as constant, moderate pain and numbness in the neck, right shoulder, right hand and right leg. She also complains of severe pain in her left hip and low back. Her symptoms are worse with prolonged walking or standing. Objective findings: Examination of the lumbar spine revealed restricted range of motion with muscle guarding. Positive Braggard's test bilaterally. Slight myospasms and tenderness along the gluteus, piniformis and trapezius musculature. Lumbar MRI (9/5/13) revealed central stenosis related to left L4/5 extrusion, tethering on cauda equia and a slightly smaller L5.S1 herniation on the right. Diagnosis: 1. Cervical sprain with associated brachial neuritis 2. Thoracic sprain 3. Lumbosacral sprain with associated sciatic neuralgia 4. Right 3rd trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient has normal nerve conduction studies and a relatively normal examination. Therefore, the request for lumbar epidural steroid injection is not medically necessary and appropriate.