

Case Number:	CM14-0012104		
Date Assigned:	02/21/2014	Date of Injury:	09/05/2008
Decision Date:	07/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation 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 58 year old male who was injured on 09/05/2008. He sustained an injury while performing his usual and customary occupational duties including computer usage, injury to cervical spine and the right shoulder. Prior treatment history has included Vicodin 5/500 mg and Norflex 100 mg; sessions of acupuncture treatment which gave him relief of his symptoms and he reported less medication was required during acupuncture treatments. PR2 dated 12/19/2013 indicates the patient has pain in the cervical spine with radiculitis as well as pain in the lumbar spine with radiculitis. Objective findings on exam revealed tenderness and spasm over the cervical and lumbar spine. The lumbar spine has guarding and decreased range of motion. Diagnoses are musculoligamentous sprain of the cervical spine, spondylosis of the cervical spine and cervical spine discogenic disease. The treatment and plan include home exercise and epidural steroid injection to the cervical spine and lumbar spine with [REDACTED]. PR2 dated 10/21/2013 documents the patient has a diagnosis of lumbar radiculopathy, chronic pain, status post right shoulder surgery. The clinical findings are unchanged from note dated 12/19/2013. Prior UR dated 12/30/2013 states the request for a lumbar epidural steroid injection has not been established as medical necessity.

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 Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). One of the criteria stated by the guidelines for the use of ESIs for radicular pain management is; "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". The available medical records do not demonstrate trial and failure of the conservative management, which should be addressed with detailed pain and functional assessment. Therefore, the medical necessity of the requested Lumbar Epidural Corticosteroid Injections under Fluoroscopic guidance has not been established according to the guidelines and is not medically necessary.