

Case Number:	CM14-0015705		
Date Assigned:	03/03/2014	Date of Injury:	07/30/2013
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 Emergency 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 patient has a reported date of injury on 7/30/2013. Mechanism is described as from heavy lifting at work. The patient has a diagnosis of left shoulder impingement, left shoulder tendinitis, lumbar spinal stenosis and radiculopathy. The patient complains of left shoulder pain and low back pain. Low back pain radiates down leg and worsens with bending, pushing and pulling. Objective exam reveals normal cervical exam with normal range of motion(ROM) with no tenderness and a negative Spurling and Adson's test. Thoracic spine exam is also normal with normal ROM. Left shoulder exam is noted to have mildly decreased range of motion especially with extension, pain toward terminal motion of shoulder and positive Hawkin's sign. Lumbar spine exam reveals very limited ROM with pain with terminal ROM, negative tenderness on palpation, positive sciatic notch and a positive straight leg raise. Motor strength is intact except for 4/5 in left gastrocnemius and noted decreased light touch at S1 dermatome. MRI of lumbar spine (10/14/13) reveals broad based disc bulge along with hypertrophic changes in facet joints and ligamentum flavum at L4-L5 causing mild bilateral recess narrowing, 4-5mm broad based central L paracentral disc protrusion superimposed on 2mm diffuse broad based disc bulge with hypertrophic and facet joint changes art L5-S1 and disc material displaces the left S1 nerve root. No medication list provided but anti-inflammatory medications are mentioned by primary treating physician. Report on 10/28/13 states that physical therapy is not ordered for this injury because of patient preference although notes from 10/21/13 states that patient had completed 10 sessions of physical therapy with no improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT THE LEVEL OF L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46-47.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be recommended but has little utility except for short term pain relief. Its primary utility is temporary pain relief to facilitate more active treatment programs to avoid surgery. While the patient meets basic criteria for recommendation, the patient's refusal to continue physical therapy due to preference and the primary treating physicians lack of documentation of long term goal and plan of ESI does not support the use of ESI. ESI without home exercise program and physical therapy will not provide any long term improvement in function or pain. ESI is not medically necessary.