

Case Number:	CM14-0016559		
Date Assigned:	04/11/2014	Date of Injury:	10/30/1997
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 Illinois. 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 injured worker is a 63-year-old female who reported an injury on 10/30/1997. The mechanism of injury was not provided for review. The injured worker's treatment history included a laminectomy at the L4-S1 and surgical intervention on the bilateral shoulders. The injured worker underwent a lumbar MRI on 09/10/2013. It was documented that the injured worker had progressive degenerative disc disease at the L4-5 level with a disc protrusion impinging on the bilateral L5 nerve roots, severe left and moderate right neural foraminal narrowing at the L4-5 level and surgical changes at the L5-S1 level with moderate bilateral neural foraminal narrowing. The injured worker was evaluated on 01/22/2013. It was documented that the injured worker was having an increase in pain due to the cold weather. The injured worker's medications included Norco, Ibuprofen and Soma. The injured worker's diagnoses included a rotator cuff rupture, spinal stenosis of the lumbar spine and carpal tunnel syndrome. The injured worker's treatment plan included a home exercise program for the left wrist. No physical exam findings were provided at that appointment. The injured worker was also evaluated on 01/10/2014. It was documented that the injured worker had increased low back, knee, shoulder, elbows and wrist pain in the morning. No physical examination findings were provided for this appointment. The injured worker's treatment plan included an L4-S1 epidural steroid injection and a facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION WITH FACET INJECTION AT L4-S1
QUANTITY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections for injured workers who have documented physical exam findings of radiculopathy that is corroborated by an imaging study and has been recalcitrant to conservative treatments. The clinical documentation submitted for review does not provide any physical examination findings to support this request. There was no documentation of radiculopathy upon physical exam. Therefore, an epidural steroid injection would not be supported. Additionally, the MTUS/ACOEM guidelines does not support the use of facet injections for therapeutic purposes. There were no extenuating circumstances to support extending treatment beyond guideline recommendations. The request for a lumbar epidural steroid injection with facet injection at L4-S1, quantity 1 is not medically necessary and appropriate.