

Case Number:	CM14-0136072		
Date Assigned:	09/03/2014	Date of Injury:	06/07/2005
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/24/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 64 year old man who worked as a tinter for [REDACTED]. In 1993, he had a torn right rotator cuff and in 1998 he injured his low back and left shoulder. In 2005, he re-injured his low back, left shoulder, and his right rotator cuff. He has had several shoulder cortisone injections and surgeries, the most recent of which was in November of 2013. He was also treated with nonsteroidal anti-inflammatory drugs (NSAIDs), opiates, physical therapy, epidural steroid injections, medial branch blocks, and ablation for his back pain. The injured worker is currently on Norco, Opana and Cymbalta. A urine toxicology screen was negative for any unauthorized drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections.

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of epidural steroid injections is to reduce pain and inflammation and to restore range of motion. This will thereby facilitate the progress in more active treatment programs and avoid surgery. However, this treatment alone offers no significant long-term functional benefit. Although most current guidelines recommend no more than 2 epidural steroid injections, this worker is the quintessential example of a candidate for a third injection. He had back pain with radiculopathy and had up to 4 months of 60-70% pain improvement after his second injection. The third epidural steroid injection is authorized. He meets the criteria for successful past injections as described above.