

Case Number:	CM14-0140334		
Date Assigned:	09/10/2014	Date of Injury:	11/29/2012
Decision Date:	11/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

This 56 year-old patient sustained an injury on 11/29/12 while employed by [REDACTED]. Request(s) under consideration include Lumbar Epidural Injection at Unknown Level. MRI of lumbar spine dated 8/7/13 showed degenerative disc disease; facet arthropathy at L4-5, L5-S1; neural foraminal stenosis at L4-5, L5-S1. Report of 2/5/14 from the provider noted the patient with neck pain radiating to left shoulder and elbow; left shoulder and right elbow pain; and low back pain radiating to buttocks and down right leg. Exam showed 5/5 motor strength; intact DTR 2+ with intact sensory in lower extremities. Diagnoses include cervical myofascial sprain/strain/ spondylosis/ disc degeneration; lumbar myofascial without myelopathy/ disc degeneration; elbow arthralgia/ medial epicondylitis/ OA; shoulder arthralgia/ impingement/ bursitis s/p acromioplasty and distal clavicle resection. The patient remained TTD. Report of 6/11/14 from the provider noted the patient with ongoing chronic neck, back, and left shoulder pain with back pain radiating to right buttocks and down posterior right leg; Symptoms are worsened with use of stairs at home. The patient has not completed PT for the low back. Exam showed decreased ROM at lumbar spine; positive SLR and Lasegue's on right; with 5/5 motor strength. The request(s) for Lumbar Epidural Injection at Unknown Level was non-certified on 7/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at Unknown Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or correlating remarkable diagnostics to support the epidural injections. The patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2012 injury without evidence of functional improvement. The Lumbar Epidural Injection at Unknown Level is not medically necessary and appropriate.