

Case Number:	CM14-0179443		
Date Assigned:	11/03/2014	Date of Injury:	02/05/2013
Decision Date:	12/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old woman who sustained a work-related injury on February 5 2013. Subsequently, the patient developed with chronic back pain. According to a progress report dated on June 2, 2014, the patient was complaining of chronic left shoulder pain with a severity rated 7-8/10 radiating down the left arm and back. The patient was also complaining of low back pain with a severity rated with a severity rated 8/10. The patient was also complaining of left hip pain aggravated by prolonged standing. The patient physical examination demonstrated the left shoulder pain with tenderness. The patient was diagnosed with left shoulder internal derangement, cervical sprain and thoracic sprain. According to another progress report dated on September 22, 2014, the patient was complaining of low back pain with a severity rated 8/10 radiating to both lower extremities. She was diagnosed with the lumbar radiculopathy. The provider request authorization for lumbar epidural steroid 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 at bilateral L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no clear recent clinical, neurophysiological and radiological evidence of radiculopathy. Therefore, the request for Lumbar epidural steroid injection at bilateral L5-S1 is not medically necessary.