

Case Number:	CM14-0184288		
Date Assigned:	11/10/2014	Date of Injury:	11/13/2009
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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:

This is a 57 years old male patient who sustained an injury on 10/23/2009. The current diagnoses include spinal stenosis of the lumbar region with neurogenic claudication and degeneration of the lumbar or lumbosacral intervertebral disc. He sustained the injury due to a slip and fall incident inside the trailer while loading apples. Per the doctor's note dated 10/8/14, he had complaints of low back pain. The physical examination revealed moderate distress, tender low back and limited forward flexion. The medications list includes tramadol. He has had left shoulder X-rays dated 1/11/2010 which revealed mild osteopenia; lumbar spine X-rays dated 1/11/2010 which revealed mild osteopenia; left shoulder MRI dated 3/26/14 which revealed SLAP-type labral tear (probable type II), associated smallparalabral cyst adjacent to the anterosuperior labrum, rotator cuff tendinosis/tendinopathy without discrete rotator cuff tear and very mild subacromial and subdeltoid bursitis; MRI lumbar spine dated 6/11/2010 which revealed posterior disk components slightly more prominent at the L5-S1 and L3-4 levels; electro-diagnostic studies dated 7/19/2010 which revealed abnormal nerve conduction study with findings of prolonged bilateral H-reflex; MRI lumbar spine dated 10/10/2012 which revealed varying degrees of degenerative disk changes at L4-6, L5-S1, and to a lesser degree at L3-4; lumbar spine MRI dated 1/8/2014 which revealed congenital narrowing of the central canal L3-4 and L4-5, most prominent at L4-5, moderate in degree and exacerbated by a broad based central disc protrusion and facet hypertrophy, moderate bilateral neural foraminal narrowing L 4-5 and mild to moderate bilateral neural foraminal narrowing at L3-4 and L5-S1. He has undergone open left shoulder Neer acromioplasty, open left shoulder distal clavicular excision or Mumford procedure (partial undersurface) and left shoulder manipulation under general anesthesia on 8/10/2010. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the left L4-5 and L5-S1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Lumbar radiculopathy that is documented by physical examination and corroborated by imaging studies is not specified in the records provided. He has had a lumbar spine MRI dated 1/8/2014 which revealed congenital narrowing of the central canal L3-4 and L4-5, most prominent at L4-5, moderate in degree and exacerbated by a broad based central disc protrusion and facet hypertrophy, moderate bilateral neural foraminal narrowing L 4-5 and mild to moderate bilateral neural foraminal narrowing at L3-4 and L5-S1. A response to rehab efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. The medical necessity of a Transforaminal epidural steroid injection at the left L4-5 and L5-S1 is not fully established for this patient. The request is not medically necessary.