

Case Number:	CM14-0042856		
Date Assigned:	06/30/2014	Date of Injury:	10/26/2005
Decision Date:	10/16/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, 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 47 year old female whose date of injury is 10/26/2005. The mechanism of injury is described as an altercation with an inmate. The treatment to date includes physical therapy, left shoulder arthroscopy on 02/13/09, right shoulder arthroscopy on 03/02/12 and epidural steroid injections. A note dated 01/14/10 indicates that the injured worker has undergone prior epidural steroid injections which gave her minor relief. Diagnoses are chronic back pain and chronic S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injections (ESI) with fluoroscopy: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for left L5-S1 transforaminal epidural steroid injections (ESI) with fluoroscopy is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical

examination submitted for review to establish the presence of active lumbar radiculopathy as required by California MTUS guidelines. There are no imaging studies/electrodiagnostic results submitted for review. The injured worker has undergone prior epidural steroid injections; however, the submitted records fail to document at least 50% pain relief for at least 6 weeks as required by California MTUS guidelines to support repeat epidural steroid injection. Therefore the request is not medically necessary.