

Case Number:	CM14-0044329		
Date Assigned:	06/20/2014	Date of Injury:	11/06/2012
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Nevada. 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 male injured on November 6, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 16, 2014, indicates that there are ongoing complaints of persistent neck and low back pain. The physical examination demonstrated slightly decreased cervical spine range of motion without pain. There was no apparent radiation to the upper extremities. There was tenderness over the cervical spine paraspinal muscles and trigger points along the cervical spine with referred pain to the shoulder. Examination of the lumbar spine noted range of motion to be 50% of normal. There was tenderness along the lumbar paraspinal muscles and trigger points. Trigger point injections were provided on this date. Diagnostic imaging studies objectified mild degenerative disc disease and a 2 mm disc bulge as well as facet hypertrophy at L5/S1. A request had been made for right L5 and S1 transforaminal epidural steroid injections and was not granted in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and S1 transforaminal epidural injection: 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 Chronic Pain Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections should only be pursued if there is corroborating evidence of a radiculopathy between symptoms, physical examination, and objective studies. The injured worker has a normal neurological examination. Therefore, the request for epidural steroid injections is not medically necessary.