

Case Number:	CM14-0045565		
Date Assigned:	07/09/2014	Date of Injury:	09/11/2001
Decision Date:	08/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 54-year-old female who was reportedly injured on September 11, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 7, 2014, indicated that there were ongoing complaints of right shoulder pain, bilateral wrist/hand pains, bilateral elbow pains, low back pain, temporomandibular pain and neck pain. Current medications include cyclobenzaprine. The physical examination demonstrated a slow antalgic gait favoring the left side. There were tenderness throughout the lumbar spine and a positive facet loading test bilaterally. There were decreased sensation at the right hand and decreased right shoulder range of motion with abduction to 120. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included aquatic therapy, massage therapy, acupuncture right sided carpal tunnel surgery, right shoulder labral repair, a right shoulder subacromial injection, and chiropractic care. A request was made for a lumbar spine epidural steroid injection at L4-L5 and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection- Left Lumbar Spine L4-5: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure met the California Medical Treatment Utilization Schedule guidelines. Specifically, there was no documentation of lumbar radiculopathy noted on physical examination. As such, the requested for Lumbar Spine Epidural Steroid Injections is not medically necessary.