

Case Number:	CM14-0046688		
Date Assigned:	07/02/2014	Date of Injury:	01/01/2005
Decision Date:	08/28/2014	UR Denial Date:	03/20/2014
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 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 46-year-old male who reported an injury on 01/01/2005. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder sprain, status post right shoulder arthroscopic surgery, left shoulder strain with impingement, right elbow medial and lateral epicondylitis, left elbow medial epicondylitis, right and left wrist strain with de Quervain's tenosynovitis, rule out carpal tunnel syndrome, and lumbar spine sprain with posterior disc protrusion and radiculitis. The injured worker was evaluated on 03/18/2014 with complaints of persistent neck and lower back pain with radiation into the upper and lower extremities. It is noted that the injured worker is currently utilizing Motrin and omeprazole. Physical examination revealed tenderness to palpation and paraspinal spasm in the lower lumbar spine, 2+ deep tendon reflexes in the bilateral knees, 1+ deep tendon reflexes at the bilateral ankles, diminished sensation to light touch over the anterior and lateral aspect of the left thigh, and brisk dorsalis pedis pulse. Treatment recommendations included continuation of the current medication regimen, a lumbar epidural injection, a cervical pillow, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter Epidural, therapeutic.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker is currently pending authorization for physical therapy. There is no mention of an exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received, the request is non-certified.