

Case Number:	CM14-0051724		
Date Assigned:	07/07/2014	Date of Injury:	11/28/2008
Decision Date:	08/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehab, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 11/28/2008. The listed diagnoses per [REDACTED] are: Cervical spine degenerative disk disease, Left shoulder impingement with acromioclavicular degenerative joint disease, Left shoulder large partial thickness articular surface tear of the distal supraspinatus tendon, Left shoulder severe tendinosis of distal supraspinatus tendon, Left shoulder moderate arthrosis, Right finger stenosing, trigger finger, Right shoulder impingement with acromioclavicular degenerative joint disease, Lumbar spine spondylosis, Left knee medial meniscus tear. According to progress report 04/01/2014 by [REDACTED] the patient presents with ongoing neck, bilateral shoulder, left knee, and low back pain. The patient states his low back pain radiates to the bilateral lower extremities. The patient describes his pain as being intermittent in terms of frequency and the pain worsens with any movement. He is only able to perform reduced range of motion maneuvers due to this pain. The patient reports numbness and tingling over the bilateral lower extremities. Examination of the lumbar spine revealed tenderness over the midline from L1 to L3 and the bilateral paraspinal muscles. There is bilateral hamstring tightness noted over this area. Sensory examination revealed decreased sensation with intermittent numbness and tingling over the bilateral feet and all the toes. Treater states the patient has positive radicular pain and is requesting a single lumbar epidural steroid injection at level L4 to L5. Utilization review denied the request on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L4-L5 x1:

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 Page(s): 46, 47.

Decision rationale: This patient presents with cervical spine, lumbar spine, bilateral shoulder, and left knee pain. The patient has low back pain that radiates to the bilateral lower extremities with numbness and tingling. Treater states the patient has positive radicular pain and recommends lumbar epidural steroid injection at L4 to L5. Medical records indicate the patient had an MRI of the lumbar spine in 2010 which revealed 2 mm disk protrusion at L3 to L4 and L4 to L5. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the MRI report from 2010 revealed mild 2mm disk protrusion, which is not significant to produce radicular symptoms. Therefore, the request is not medically necessary.