

Case Number:	CM14-0052896		
Date Assigned:	07/07/2014	Date of Injury:	06/12/2013
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 & 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 51 year old female with a reported date of injury on 06/12/2013. Mechanism of injury was slip and fall. The injured worker complains of pain in the neck, low back both knees and both wrist with a constant pain level of 6- 8/10. Diagnostic Exams include an x-ray of the right elbow with negative, findings, x-ray of the cervical spine that revealed discogenic spondylosis C5-C6 and uncovetral joint arthrosis, x-ray of the thoracic spine that reveal discogenic spondylosis and left convexity, x-ray of the lumbar spine that showed anterior shift and is limited due to underexposer, x-ray of the right knee and left knee with negative results, x-ray of the right wrist is poor visualization and x-ray of the left wrist with negative results. An unofficial MRI of the lumbar spine 08/08/2014 that showed multilevel lumbar spondylosis most pronounced L5-S1, EMG and NCV of the lower extremities no nerve entrapment on 11/15/2013, unofficial MRI of the cervical spine, MRI of the right and left knee without documented results. The injured worker's current medications include Ambien, Tramadol, Naprosyn, Prilosec and Soma. This request is for epidural steroid injection L4-L5. The EMG/NCV of 11/15/2013 did not document radiculopathy that is required for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5 x 1: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The injured worker does not have documented radiculopathy documented on the EMG/NCV that was provided. As such, the request is not medically necessary.