

Case Number:	CM14-0066074		
Date Assigned:	07/11/2014	Date of Injury:	04/08/2013
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 48 year-old with a reported date of injury of 12/11/2013. The patient has the diagnosis of cervical and lumbar discogenic pain, right shoulder pain/tendonitis and left wrist pain/tendonitis. Per the progress notes provided by the requesting physician and primary treating physician at the time dated 4/7/2014, the patient had complaints of ongoing intermittent cervical and lumbar pain, right shoulder pain and left wrist pain. The physical exam recorded seems to make note of tenderness of the spinous processes of the cervical and lumbar spine. Treatment recommendations included lumbar epidural steroid injection to L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic lumbar epidural steroid injection L5-S1: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The

documentation provided does not note radiculopathy on physical exam and there is no documentation of failure of conservative therapy. In addition, the physician's notes actually state the patient does not want an epidural steroid injection. For these reason the requested service is not medically necessary.