

Case Number:	CM14-0066609		
Date Assigned:	07/11/2014	Date of Injury:	08/08/2013
Decision Date:	09/15/2014	UR Denial Date:	04/04/2014
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 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on August 8, 2013. The mechanism of injury is noted as lifting cement buckets. The most recent progress note, dated February 4, 2014, indicates that there are ongoing complaints of low back pain and left shoulder pain. The physical examination demonstrated tenderness of the left shoulder at the subacromial region. There was full left shoulder range of motion and a negative Neer's and Hawkins test. The examination of the lumbar spine showed tenderness of the lumbar paraspinal muscles with guarding. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed spondylosis from L1 through S1. There was a disc protrusion at L4/L5 with an extruded fragment displacing the left S1 nerve root. There is also a disc protrusion at L5/S1 displacing the left S1 nerve root. Previous treatment is unknown. A request had been made for a lumbar epidural steroid injection at L4/L5 and L5/S1 x 2 and was not certified in the pre-authorization process on April 4, 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 at L4-5 and L5-S1, x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for an epidural steroid injection includes the presence of radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the most recent progress note dated February 4, 2014, despite the MRI findings there was a normal neurological examination. Therefore this request for epidural steroid injections at L4 - L5 and L5 - S1 x 2 is not medically necessary.