

Case Number:	CM14-0072834		
Date Assigned:	07/16/2014	Date of Injury:	07/30/2011
Decision Date:	09/19/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 injured worker is a 46-year-old female who was reportedly injured on July 30, 2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of neck pain, low back pain, right shoulder pain, right elbow pain, bilateral wrist/hand pain and bilateral knee pain. The physical examination demonstrated tenderness of the cervical and lumbar spine paraspinal muscles and a positive bilateral straight leg raise test. Examination of the right shoulder revealed decreased range of motion and a positive impingement test and empty can test. Examination the right wrist indicated a positive Phalen's test and tenderness over the dorsal aspect. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes four epidural steroid injections. A request was made for a lumbar spine epidural steroid injection at L5 - S1 with fluoroscopy and was not certified in the pre-authorization process on April 24, 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 L5-S1 with flouroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. There is no recent documentation of any radicular findings on physical examination. Furthermore, the guidelines do not recommend more than two epidural steroid injections and the attached medical record indicates that the injured employee has already received four lumbar spine epidural steroid injections. For these reasons, this request for a lumbar spine epidural steroid injection at L5 - S1 with fluoroscopy is not medically necessary.