

Case Number:	CM14-0073461		
Date Assigned:	07/16/2014	Date of Injury:	11/09/2010
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 49-year-old gentleman was reportedly injured on November 9, 2010. The mechanism of injury is noted as a trip and fall. The most recent progress note dated may seven 2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. The physical examination demonstrated full strength in normal sensation in the lower extremities with a negative bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease at L3 - L4 with a broad-based disc bulge. There was also less severe degenerative changes at L4 - L5. Previous treatment includes a right shoulder arthroscopy to include a subacromial decompression with acromioplasty. As well as a subsequent right shoulder arthroscopic revision of a rotator cuff repair. A request was made for an epidural steroid injection at L3 and at L4 and a referral to a physical medicine and rehabilitation physician for an injection and was not certified in the pre- authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PM & R physician for injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelilnes, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: This request does not specify what type of injections is requested from physical medicine and rehabilitation. However considering the lack of findings on physical examination and on magnetic resonance image is unclear what injections would be requested. Without any additional clarification and justification, this request for a referral to a Physical Medicine and Rehabilitation Physician for an injection is not medically necessary.

Epidural Steroid injection at L3 bilaterally: 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 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009 Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of Epidural Steroid Injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings of a radiculopathy on physical examination or are there any imaging studies indicating neurological impingement. Considering this, the request for a lumbar spine epidural steroid injection at L3 bilaterally is not medically necessary.

Epidural Steroid injection at L4 bilaterally: 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 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings of a radiculopathy on physical examination or are there any imaging studies indicating neurological impingement. Considering this, the request for a lumbar spine epidural steroid injection at L4 bilaterally is not medically necessary.