

Case Number:	CM14-0075383		
Date Assigned:	07/16/2014	Date of Injury:	07/09/2012
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 27-year-old female who reported an injury after she was lifting an overweight patient and sustained and sustained an excessive loading injury to the right shoulder. The clinical note dated 04/18/2014 indicated diagnoses of right shoulder pain and the cuff consistent with rotator cuff tear, right shoulder impingement and right shoulder symptomatic glenohumeral joint crepitus. The injured worker reported she had a cervical epidural steroid injection; however, that had no impact on her shoulder pain. The injured worker reported she participated in physical therapy for approximately 2 to 3 weeks which seemed to exacerbate her symptoms. The injured worker reported a history of asthma and lumbar and neck pain. On physical examination, there was atrophy of the supraspinatus muscle within the shoulder girdle as compared to the left side. The injured worker had decreased range of motion and weakness to resist external rotation and significant pain with resisted abduction of the arm. The injured worker had a positive inferior translation of the humeral head with applied distal force. The injured worker's prior treatments included diagnostic imaging, cervical epidural steroid injection, physical therapy, and medication management. The injured worker's medication regimen included Percocet, Flexeril, ibuprofen and gabapentin. The provider submitted a request for lumbar epidural steroid injection, L4-5 and L5-S1 bilateral. A request for authorization was not submitted for review to include the date the treatment was requested.

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-L5 and L5-S1 bilateral: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, decreased strength and flexibility in the lumbar spine. In addition, there is lack of an official MRI to corroborate radiculopathy. Moreover, there was lack of evidence of radiculopathy on physical examination of the injured worker. Additionally, the request did not indicate with fluoroscopy for guidance. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.