

Case Number:	CM14-0076924		
Date Assigned:	07/18/2014	Date of Injury:	11/30/2000
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 California. 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 67-year-old male who reported an injury on 11/30/2000. The mechanism of injury was not provided. On 04/22/2014 the injured worker presented with pain in the neck, back, bilateral shoulder, bilateral hand and wrist, bilateral hip, and bilateral knees. Upon examination, the injured worker walked with a single point cane and had a low healed surgical scar on the left shoulder. There was intact sensation to the left lateral shoulder. The diagnoses were cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulges, status post right shoulder surgery, status post left shoulder surgery, status post carpal tunnel syndrome surgery, status post left carpal tunnel syndrome surgery, bilateral hip pain, and status post right knee surgery. Prior therapy included surgery. The provider recommended a bilateral L1-2 transforaminal epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L1-L2 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: section Epidural Steroid Injection.

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

Decision rationale: The request for bilateral L1-2 transforaminal epidural steroid injection is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review notes that the injured worker had complaints of low back pain. There was lack of documentation of objective functional deficits related to the lumbar spine. More information is needed on sensory deficits, motor strength, results of provocative testing to include a straight leg raise, and diagnostic testing that corroborates radiculopathy. In addition, documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Based on the above information, medical necessity has not been established.