

Case Number:	CM14-0081700		
Date Assigned:	07/18/2014	Date of Injury:	08/11/2012
Decision Date:	10/07/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 41-year-old female who was reportedly injured on August 11, 2012. The mechanism of injury is noted as a slip and fall. The most recent progress note dated June 5, 2014, indicates that there are ongoing complaints of left shoulder pain, left elbow pain, low back pain, and headaches. The physical examination demonstrated a positive Neer's test, Hawkin's test, impingement test, and weakness with abduction. There was decreased lumbar spine range of motion. A lack of effort was noted during the physical examination. There were no abnormal neurological findings. Diagnostic imaging studies of the lumbar spine revealed small neural cysts along the transiting S-1 nerve roots. There was a diffuse disc protrusion at L4 - L5 effacing the thecal sac and the bilateral L4 exiting nerve roots. Previous treatment includes the use of a tens unit, heat/massage, physical therapy, oral medications, and an epidural steroid injection. A request was made for an epidural steroid injection and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESIs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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 medical record there are no findings of a radiculopathy on the most recent physical examination dated June 5, 2014. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.