MAXIMUS Federal Services

Case Number:	CM14-0096924		
Date Assigned:	07/28/2014	Date of Injury:	09/19/2007
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 51-year-old female who was reportedly injured on September 19, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of head pain, left shoulder pain, back pain, buttocks pain, left ankle pain and left leg pain. Current medications include tramadol, morphine, Zanaflex and Lunesta. The physical examination demonstrated decreased range of motion of the lumbar spine. There was tenderness over the lumbar paraspinal muscles from L4 through S1. Diagnostic imaging studies of the lumbar spine noted disc bulging and facet hypertrophy throughout the lumbar spine. A magnetic resonance image of the left shoulder showed a full thickness tear of the supraspinatus tendon and a chondral lesion on the humeral head. Previous treatment includes a left shoulder arthroscopy, a lumbar spine discectomy at L3-L4 and L4-L5, and left ankle surgery, postoperative physical therapy, cortisone injections, pain management, oral medications, trigger point injections and the use of a spinal cord stimulator. A request had been made for a lumbar spine epidural steroid injection and was not medically necessary in the pre-authorization process on June 18, 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: Upheld

Claims Administrator guideline: The Claims Administrator based its decision on the MTUS ACOEM Practice Guidelines, page 300 and on the Official Disability Guidelines, Online Edition, Low Back Chapter: Criteria for the use of lumbar epidural steroid injections, Diagnostic lumbar epidural steroid injections,Therapeutic lumbar epidural steroid injections, Epidural steroid injections (ESIs) Series of Three.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that the criteria for the use of epidural steroid injections includes the presence of a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A review of the attached medical record indicated that the injured employee did not have complaints of radicular symptoms nor was there evidence of any found on physical examination. Furthermore, the magnetic resonance image on the lumbar spine did not indicate any neurological involvement. For these reasons, this request for a lumbar spine epidural steroid injection is not medically necessary.