

Case Number:	CM14-0102166		
Date Assigned:	07/30/2014	Date of Injury:	08/10/2012
Decision Date:	12/14/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 64 year old male, who sustained an industrial injury on 8-10-12. The injured worker has complaints of left shoulder pain and low back pain with left lower extremity symptoms. The documentation noted there was tenderness left shoulder and left shoulder range of motion limited with pain. The diagnoses have included displacement of intervertebral disc, site unspecified, without myelopathy. Treatment to date has included left shoulder arthroscopic subacromial decompression with arthroscopic lysis of adhesions, injection depo-medrol and marcaine on 2-17-14; physical therapy; tramadol and colace. The original utilization review (6-25-14) non-certified the request for 1 trial of lumbar epidural injections at L4-5. Patient is noted to have received an epidural injection at L4-5 on 7/15/14. Pain relief of 70% is noted to have lasted only until 9/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trial of lumbar epidural injections at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan, fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has been stable on medications and it is not clear why there was a need for ESI, fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is documentation of appropriate improvement with prior reported LESI, meets criteria. 4) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy, fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. While patient had reported benefit from prior ESI, the lack of any plan or reason for injection beyond short term pain relief and exam that is not consistent with radiculopathy means criteria is not met. Lumbar epidural steroid injection is not medically necessary.