

Case Number:	CM14-0017708		
Date Assigned:	04/16/2014	Date of Injury:	12/23/2011
Decision Date:	04/20/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 12/23/11. Initial complaints and diagnoses are not available. Treatments to date and diagnostic studies are not available. Current complaints include cramping in the left upper shoulder, and pain in the neck, lumbar spine, and bilateral arms. In a progress note dated 12/17/13 the treating provider reports the plan of care as lumbar epidural steroid injection at L1-L3 with epidurogram and a right shoulder injection. Also recommended are Norco, Anaprox, Prilosec, and Ketoprofen ad capsaicin creams. The requested treatment is a lumbar ESI at L1-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT LEVEL L1-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for shoulder and low back pain. When seen by the requesting provider, she had low back pain without mention of lower extremity radicular symptoms and physical examination findings were that of decreased lumbar range of motion and spasms. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings or patient complaints that support a diagnosis of lumbar radiculopathy. Therefore, the requested lumbar epidural steroid injection is not medically necessary.