

Case Number:	CM14-0191984		
Date Assigned:	11/25/2014	Date of Injury:	03/03/2003
Decision Date:	01/27/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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:

57y/o male injured worker with date of injury 3/3/03 with related neck, upper and low back, right shoulder, and bilateral wrist/hand pain. Per surgical consultation report dated 9/23/14, the injured worker complained of continuous pain in the right shoulder that radiated into the entire arm. There was burning pain and popping in the right shoulder. The injured worker rated pain 8/10 in intensity. MRI of the lumbar spine dated 6/7/13 showed mild disc degeneration at L1-L2 and L5-S1. There was a 2-3mm broad-based disc protrusion at L5-S1 identified without evidence of neural impingement. There was also a 2mm thick curvilinear annular fissure at the posterior L5-S1 disc margin. A mild 2mm left posterolateral disc protrusion at L4-L5 was shown without evidence of neural impingement. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection (Unspecified Level and Laterality): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. Per progress report dated 12/20/13, the injured worker noted low back pain that was constant and severe that radiated into the right leg with tingling. Per exam, there was decreased sensation in the right L5 dermatome and hypoactive right ankle reflex. There was also a positive straight leg raise test at the right lower extremity. Treatment plan included one lumbar epidural steroid injection at L5-S1. The request is medically necessary.