

Case Number:	CM14-0192734		
Date Assigned:	11/26/2014	Date of Injury:	02/28/2013
Decision Date:	01/31/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/8/14 PR-2 note reports pain in the left shoulder. Treatment is ongoing with tramadol, omeprazole, and zanaflex. Examination reports no change in findings. Assessment notes left shoulder strain with partial thickness rotator cuff tear. 11/11/14 orthopedic evaluation notes pain in the left shoulder. Examination notes tenderness in the cervical spine with tenderness in the left shoulder. There is pain with Neer and Hawkins impingment signs. Strength is 4/5 in all planes. 9/30/14 report notes pain in the left shoulder. There is tenderness to palpation. There is Hawkin's impingment sign. 6/26/14 neurosurgical evaluation notes pain in the lumbar spine. Exam reports 4/5 strength in the left sholulder. There is 4/5 strength for the bilateral dorsiflexors, extensor hallucis longus, and plantar flexors. There was positive straight leg raise with absent ankle reflexes bilaterally. Sensation was intact. There is limited range of motion noted. MRI of spine from 9/17/13 reports bilateral L5 pars defect with grade 1 spondylolisthesis. There is reported bilateral foraminal stenosis with nerve root impingment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection at Lt L4-5, L5-S1 with Fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back, Epidural steroid injections

Decision rationale: Official Disability Guidelines support epidural steroid injections when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. The medical records indicate bilateral lower extremity weakness not confined to dermatomes and the neuroimaging findings do not corroborate the levels specified for the procedure. As such, the medical records do not support the use of ESI congruent with the Official Disability Guidelines. Therefore, this request is not medically necessary.