MAXIMUS Federal Services

Case Number:	CM15-0005652		
Date Assigned:	01/26/2015	Date of Injury:	04/15/2014
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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:

This 26 year old male was injured in an industrial accident 4/15/14. He currently complains of back, left shoulder pain and left arm numbness. Medications include Elavil, Flexaril, Norco and Mobic. Diagnoses are left sided paracentral disc protrusion at L3-4 with mild degenerative facet changes of the lumbar spine; lumbar strain with myofascial pain and bilateral radiculitis, greater on the left; left rotator cuff tendinitis/ subacromial bursitis with myofascial pericapsular pain on the left. Treatments included physical therapy, acupuncture which did help to relax his back, trigger point injection that created back spasms in the low back and independent home exercise program. Diagnostic testing included radiographs of the lumbar and thoracic spine which were normal; MRI-Shoulder (7/8/14) which was abnormal; MRI right wrist which was normal and computed tomography of the head and cervical spine which was negative. The treating provider requested epidural steroid injection L3-4 lumbar spine for relief of back pain. On 12/9/14 Utilization review non-certified the request for interlaminar Epidural Steroid Injection under Fluoroscopic Guidance at L3-4 based on no evidence of neurologic deficit and imaging findings did not show evidence of nerve root compromise therefore guideline criteria were not met. Guideline reference was MTUS Low Back Complaints: ACOEM Low Back Complaints, Chapter 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection under Fluoroscopic Guidance at left L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): Page 46.

Decision rationale: The requested Interlaminar Epidural Steroid Injection under Fluoroscopic Guidance at left L3-4 is not medically necessary.California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has pain of the back, left shoulder pain and left arm numbness. The treating physician has not documented sufficient physical exam evidence of radiculopathy including straight leg raising tests, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Interlaminar Epidural Steroid Injection under Fluoroscopic Guidance at left L3-4 is not medically necessary.