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| Case Number: | CM15-0101089 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 11/02/2004 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 11/2/2004. The mechanism of injury is unknown. The injured worker was diagnosed as status post lumbar fusion and right shoulder surgery. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, chiropractic care, acupuncture and medication management. In a progress note dated 3/11/2015, the injured worker complains of right shoulder pain and low back pain, rated 8/10 without medications. Medications are noted to help decrease the pain by 50%. Physical examination showed a tender right shoulder and lumbar spasm and painful lumbar range of motion. The treating physician is requesting lumbar epidural steroid injection to the bilateral lumbar 4-5 and lumbar 5-sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Injection Bilateral L4-L5, L5-S1: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient does not carry a diagnosis of radicular pain. Lumbar Steroid Injection Bilateral L4-L5, L5-S1 is not medically necessary.