

Case Number:	CM15-0137055		
Date Assigned:	07/27/2015	Date of Injury:	04/01/2011
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 38 year old male who sustained an industrial/work injury on 4/1/11. He reported an initial complaint of back, shoulder, and neck pain. The injured worker was diagnosed as having lumbar sprain, brachial neuritis or radiculitis. Treatment to date includes medication, surgery (left shoulder rotator cuff repair on 4/28/15), and physical therapy program. MRI results were reported on 10/27/14 (left shoulder) and 6/8/12 (lumbar). Currently, the injured worker complained of left shoulder and cervical spine pain rated 5/10. Per the primary physician's report (PR-2) on 6/18/15, exam after completion of therapy notes indicates the pain remains to the left shoulder. X-rays of the left shoulder, left humerus show no increase in osteoarthritis. X-ray of the cervical spine reports loss of cervical lordosis. X-rays of the lumbar spine note loss of lumbar lordosis. Current plan of care included continue physical therapy program and MRI to further assess pathology. The requested treatments include lumbar epidural injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in April 2011 and continues to be treated for neck, shoulder, and low back pain. In April 2015, he was having radiating low back pain into the right lower extremity. Treatments had included physical therapy, chiropractic care, and a lumbar epidural steroid injection without improvement. Electrodiagnostic testing in November 2013 included findings of a chronic right L5 radiculopathy. An MRI is referenced as showing findings of bilateral L4/5 and L5/S1 foraminal stenosis due to disc protrusions. When seen, there was paraspinal muscle tenderness with spasms and decreased range of motion. There was decreased lower extremity strength and there were lower extremity paresthesias. In the therapeutic phase guidelines recommend that repeat injections 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. In this case, the degree and duration of any pain relief following the previous injection is not documented, although it is referenced as having provided no benefit. The requested lumbar epidural steroid injection was not medically necessary.