

Case Number:	CM15-0145941		
Date Assigned:	08/07/2015	Date of Injury:	03/14/2014
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 3-14-14. The injured worker has complaints of back pain that radiates to her buttocks and complaints of knee pain and neck pain. The injured worker has complaints of bilateral shoulder pain that radiates to her hands, wrist fingers. The documentation noted that there is tenderness to palpation over the lateral, posterior, paraspinal, scapular region and trapezius, bilaterally. There is tenderness to palpation over the lumbar paravertebral musculature, bilateral S1 (sacroiliac) joint and left buttock. The diagnoses have included left shoulder sprain; right knee sprain and lumbar spine sprain. Treatment to date has included medications; magnetic resonance imaging (MRI) of the lumbar spine on 6-5-15 showed there are moderate modic endplate changes at the L5-S1 (sacroiliac) level, at L5-S1 (sacroiliac) there is broad-based 1.5millimeter to 2.0 millimeter disc bulge and there is degenerative changes and physical therapy. The request was for lumbar spine epidural steroid injection (ESI) to L4-L5 and orthopedic surgeon consultation. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection (ESI) to L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 179-180, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Epidural steroid injections (ESIs).

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

Decision rationale: The requested Lumbar spine epidural steroid injection (ESI) to L4-L5, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has back pain that radiates to her buttocks and complaints of knee pain and neck pain. The injured worker has complaints of bilateral shoulder pain that radiates to her hands, wrist fingers. The documentation noted that there is tenderness to palpation over the lateral, posterior, paraspinal, scapular region and trapezius, bilaterally. There is tenderness to palpation over the lumbar paravertebral musculature, bilateral S1 (sacroiliac) joint and left buttock. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar spine epidural steroid injection (ESI) to L4-L5 is not medically necessary.

Orthopedic surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Orthopedic surgeon consultation, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has back pain that radiates to her buttocks and complaints of knee pain and neck pain. The injured worker has complaints of bilateral shoulder pain that radiates to her hands, wrist fingers. The documentation noted that there is tenderness to palpation over the lateral, posterior, paraspinal, scapular region and trapezius, bilaterally. There is tenderness to palpation over the lumbar paravertebral musculature, bilateral S1 (sacroiliac) joint and left buttock. The treating physician has not documented sufficient evidence to indicate that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Orthopedic surgeon consultation is not medically necessary.