

Case Number:	CM15-0146374		
Date Assigned:	08/07/2015	Date of Injury:	04/21/2014
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
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: Family Practice

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 41 year old who sustained an industrial injury on April 21, 2014. A primary treating office visit dated May 13, 2015 reported subjective complaint of cervical pain with bilateral upper extremity symptom; right side greater; right shoulder, right wrist, right knee, left knee, and low back pain with right lower extremity symptom. Examination revealed positive straight leg raise of the right and decreased sensation on right L5 and S1 dermatomes. The worker states that without medications daily functions and activities are limited secondary to pain. Medication regimen consisted of: Tramadol ER 300 mg with note of previous schedule 2 IR Opioid discontinued. The worker also takes anti-inflammatory medication and proton pump inhibitor. Without the use of Flexeril the spasms take over. The following diagnoses were applied: cervical myofascial pain; rule out cervical radiculopathy; lumbar myofascial pain; rule out lumbar radiculopathy; right shoulder subacromial bursitis and impingement; right wrist sprain and strain; left wrist strain and sprain; rule out bilateral tears; and bilateral knee chondromalacia patella. The plan of care noted proceeding with magnetic resonance imaging of right wrist, cervical spine, and lumbar spine along with additional physical therapy sessions. At a primary treating office visit dated January 30, 2015 reported subjective complaint, objective findings, treating diagnoses, and the plan of care all without change from previous visit. Magnetic resonance imaging on 5/22/15 has revealed bilateral neural foraminal stenosis at the L3-4 and L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) at L3-4, L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the injured worker reports subjective complaint low back pain with right lower extremity symptom. Examination revealed positive straight leg raise of the right and decreased sensation on right L5 and S1 dermatomes. Magnetic resonance imaging on 5/22/15 has revealed bilateral neural foraminal stenosis at the L3-4 and L4-L5 level. Request is being made for Lumbar epidural steroid injection (ESI) at L3-4, L4-5. The medical records do not establish that injections are being proposed for only the right side, which is the side of the reported subjective complaints of radiculopathy and the side of the positive physical examination findings. The request for Lumbar epidural steroid injection (ESI) at L3-4, L4-5 is not medically necessary and appropriate.