

Case Number:	CM15-0189330		
Date Assigned:	10/01/2015	Date of Injury:	10/25/2011
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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 56 year old female, who sustained an industrial injury on 10-25-2011. She reported developing injuries to the neck, upper back, lower back, and bilateral upper extremities from repetitive type activity. Diagnoses include cervical disc bulge, thoracic disc bulge, lumbar disc bulge, bilateral elbow strain, status post left elbow surgery, and bilateral wrist internal derangement. Treatments to date include activity modification and physiotherapy. Currently, she complained of ongoing pain in the neck, upper and lower back, bilateral elbows, bilateral wrists and left hand. On 8-19-15, the physical examination documented sensation was intact. The plan of care included epidural steroid injections. The appeal requested authorization for epidural steroid injection to L4-L5 and L5-L6 levels. The Utilization Review dated 9-9-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection L4-L5 and L5-L6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in October 2011 and is being treated for injury to the low back while lifting a box of charts. When seen, she was having neck, upper back, and low back pain and bilateral elbow, wrist, and hand pain. Physical examination findings were intact sensation. Cervical and lumbar epidural steroid injections were requested. Physical therapy was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, based on the information provided for review, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. The requested epidural steroid injection is not considered medically necessary.