

Case Number:	CM15-0193817		
Date Assigned:	10/12/2015	Date of Injury:	02/25/2013
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 2-25-13. The injured worker is being treated for protrusion C5-6 with radiculopathy, protrusion 3mm at L3-4 and L5-S1 with neural encroachment and radiculopathy, right ankle sprain, right foot pain, right median neuropathy, calcific tendinitis-tendinopathy of right shoulder, rotator cuff tear, adhesive capsulitis of right shoulder and internal derangement of left knee. Treatment to date has included injections, physical therapy, home exercise, activity modifications, oral medications including NSAIDs (non-steroid anti-inflammatory drugs), Hydrocodone and Cyclobenzaprine and shockwave therapy. 8-20-15, the injured worker complains of right shoulder pain rated 8 out of 10, low back pain rated 6 out of 10, left knee pain rated 5 out of 10, right knee pain rated 5 out of 10, cervical pain with headache rated 5 out of 10 and right wrist pain rated 6 out of 10. It is noted "at current dosing medication facilitates maintenance of activities of daily living." Physical exam on 8-20-15 revealed tenderness of right shoulder diffusely with positive impingement signs, swelling and atrophy of right deltoid musculature; tenderness of lumbar spine with limited range of motion; tenderness of left knee and tenderness of right knee with positive patellofemoral compression test left and right. The treatment plan included request for interventional pain management with option of epidural injection of lumbar spine, (MRI) magnetic resonance imaging of left knee, dispensing of Tramadol ER, Naproxen, Pantoprazole, and Cyclobenzaprine and urine toxicology. On 9-21-15 request for interventional pain management was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional pain management with option of lumbar epidural steroid injection: Upheld

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

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

Decision rationale: Current request is for pain management to possibly consider for epidural injection. There is no report of acute flare-up for persistent chronic pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits to corroborate with the imaging studies to support for the epidural steroid injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. As the epidural or block is not supported, the pain management consultation for the procedure is not supported. The Interventional pain management with option of lumbar epidural steroid injection is not medically necessary or appropriate.