

Case Number:	CM15-0204199		
Date Assigned:	10/21/2015	Date of Injury:	07/12/2013
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/17/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on 7-12-13. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar herniated nucleus pulposus, right shoulder labral tear and bilateral knee degenerative joint disease. The injured worker is temporarily totally disabled. On (9-9-15) the injured worker reported of no change in symptoms. The injured worker complained of worsening severe low back pain with decreased range of motion and paresthesia. The injured worker also noted right knee inflammation with intermittent swelling. Examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinal muscles with spasm and trigger points bilaterally. Range of motion was decreased and painful. A straight leg raise test was positive bilaterally. Motor and sensory deficits were noted. Treatment and evaluation to date has included medications, physical therapy to the right knee, MRI of the shoulder, right shoulder labral repair and a right knee arthroscopy. Current medications include Norco, Percocet, Cymbalta, Ibuprofen, Medrol-Pak, Naproxen and Vicodin. The current treatment request is for a lumbar four-lumbar five epidural injection and a lumbar five-sacral one epidural injection. The Utilization Review documentation dated 9-23-15 non-certified the requests for a lumbar four-lumbar five epidural injection and a lumbar five-sacral one epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 epidural 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 47 of 127 This claimant was injured over two years ago; largely degenerative conditions are noted in the back, shoulder and knee at present. There is worsening back pain. Motor and sensory deficits were alleged, but not further delineated or specified. The MTUS recommends ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not definitively met. The request appears appropriately non-certified based on the above.