

Case Number:	CM15-0209089		
Date Assigned:	10/28/2015	Date of Injury:	12/14/2013
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey, New York
 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 39 year old female, who sustained an industrial injury on 12-14-13. The injured worker was diagnosed as having cervical sprain; low back pain; sciatica due to displacement of lumbar disc; shoulder impingement syndrome; incomplete rotator cuff tear. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right shoulder (10-28-14). Currently, the PR-2 notes dated 6-23-15 indicated the injured worker presents for lumbar spine and right shoulder pain. The provider notes her lumbar spine pain "The symptoms occur occasionally, the problem is improving. Currently the patient states the symptoms are mild-moderate. The pain is described as aching. She rates her worst pain as 7 out of 10. The symptoms are relieved by rest and walking." He notes her right shoulder pain "She presents with pain and decreased range of motion on the right side. The symptoms occur occasionally. The problem is improving. Currently the patient states the symptoms are mild-moderate and occur with strenuous activity. She rates her worst pain as 5 out of 10. The symptoms are aggravated by lifting away from the body and relieved by rest and stretching." His notes he recommends she have an epidural injection trial for symptom relief. Her shoulder pain is not recommended the have surgery at this time and will continue home exercise and NSAIDS. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 9-18-15 and non-certification for Lumbar epidural steroid injection. A request for authorization has been received for Lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: The request for a lumbar epidural steroid injection is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings that demonstrate deficits in motor strength, sensation, or reflexes. The patient had complaints of right lower extremity numbness and tingling and decreased strength, but this was not found on exam. Therefore, the request is considered medically unnecessary.