

Case Number:	CM15-0051002		
Date Assigned:	03/24/2015	Date of Injury:	07/28/2014
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: California

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 55 year old male who sustained an industrial injury on 7/28/2014. His diagnoses, and/or impressions, right shoulder rotator cuff strain; and disorders of bursae and tendons in right shoulder region. A recent magnetic resonance imaging study - right shoulder, was noted. His treatments have included home exercise program, modified work duties. In the progress note dated 1/19/2015, his complaints included radiating low back pain. The physician's requests for treatment included lumbar epidural steroid injection at lumbar 4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are

recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there is documentation of diminished sensation in the L4-5 dermatomes of bilateral lower extremities, along with reduced bilateral lower extremity deep tendon reflexes on physical exam on 1/19/2015. An MRI of the lumbar spine indicated L4-5 disc herniation causing bilateral neural foraminal narrowing affecting the exiting nerve roots. Furthermore, there is documentation of failure of conservative treatments and findings of radiculopathy. Therefore, the currently requested lumbar epidural steroid injection is medically necessary.