

Case Number:	CM15-0060740		
Date Assigned:	04/07/2015	Date of Injury:	12/28/2012
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This 53 year old male sustained an industrial injury to the shoulder, neck and back on 12/26/12. Previous treatment included magnetic resonance imaging, electromyography, rotator cuff repair, epidural steroid injections, physical therapy and medications. In a visit note dated 1/9/15, the injured worker complained of severe back pain with radiation into the right leg. The injured worker reported that the last epidural steroid injection (7/22/14) had reduced his pain by about 70% with improved ability to walk and stand but the epidural steroid injections had worn off and the pain had returned. Current diagnoses included long term use of medications and lumbar disc displacement without myelopathy. The treatment plan included repeat epidural steroid injection and a refill of Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid lumbar epidural injection, lumbar epidurogram with fluoroscopic guidance and IV sedation at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, opioids.

Decision rationale: The medical records provided for review document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection and documents objective functional gain/pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. The insured has 70% improvement for 3 plus months. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do support the use of ESI congruent with ODG guidelines.