

Case Number:	CM15-0081212		
Date Assigned:	05/01/2015	Date of Injury:	04/20/2012
Decision Date:	06/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52-year-old female, with a reported date of injury of 04/20/2012. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease/degenerative joint disease, unspecified myalgia/myositis, and displaced lumbar intervertebral disc. Treatments to date have included an MRI of the cervical spine, an MRI of the lumbar spine, lumbar epidural steroid injection, oral medications, and physical therapy. The progress report dated 03/11/2015 indicates that the injured worker's pain came and went, and radiated down the left arm with numbness. The pain level was rated 7 out of 10. There was improvement with injection and less painful. The objective findings include multiple tendinitis of the left shoulder, subacromial impingement of the left shoulder, no definite neurological deficit related to the cervical spine, multiple bulging discs in the lumbar spine, and discogenic lumbar pain syndrome. The treating physician requested a lumbar epidural steroid injection and pre-operative labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection 1 level qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient is a 52 year old female with an injury on 04/20/2012. She had neck pain, back pain and left shoulder tendonitis with left shoulder impingement. She has been treated with medications, physical therapy and a lumbar epidural steroid injection. The request is for another lumbar epidural steroid injection and per-procedure lab tests. MTUS, chronic pain guidelines note that epidural steroid injections do not affect impairment of function or the need for surgery. They do not provide long-term pain relief. They can provide short-term pain relief to be used in conjunction with a home exercise program and with other rehabilitation efforts in an effort to increase patient activity at the start of an injury. The injury is more than three years ago and the requested steroid injection is not to mobilize the patient at the beginning of an injury. The requested epidural steroid injection is not medically necessary for this patient.

Pre-op labs (Complete Blood Count (CBC), Basic Metabolic Panel (BMP), Urinalysis (UA), Prothrombin Time (PT)/Partial Thromboplastin Time (PTT), Erythrocyte Sedimentation Rate (ESR)) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low back chapter, updated 04/15/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient is a 52 year old female with an injury on 04/20/2012. She had neck pain, back pain and left shoulder tendonitis with left shoulder impingement. She has been treated with medications, physical therapy and a lumbar epidural steroid injection. The request is for another lumbar epidural steroid injection and per-procedure lab tests. The requested lumbar epidural steroid injection is not medically necessary; thus, the requested pre-procedure lab tests are also not medically necessary.