

Case Number:	CM15-0088209		
Date Assigned:	05/12/2015	Date of Injury:	02/01/2004
Decision Date:	06/23/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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

Certification(s)/Specialty: Anesthesiology, 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 is a 54 year old female with a February 1, 2004 date of injury. A progress note dated March 3, 2015 documents that the subjective findings are generally improved. There was reduction in pain levels, decreased functional limitations; continuing right sided neck pain, shoulder pain, and upper back pain. The objective findings are improvement of active range of motion of the neck and shoulder; improved grip strength and reduced sensitivity to palpation. The current diagnoses are cervical sprain/strain and thoracic sprain/strain. Treatments to date have included acupuncture physical therapy, chiropractic, transcutaneous electrical nerve stimulator unit, magnetic resonance imaging of the lumbar spine showed retrolisthesis of L3 on L4 with foraminal narrowing), and home exercise. The treating physician requested authorization for lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L2-3 bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The records show that the patient reported significant pain relief and functional restoration with utilization of the pain medications. The criteria for the use of L3-L4 epidural steroid injections was not met. This request is not medically necessary.