

Case Number:	CM14-0116311		
Date Assigned:	08/04/2014	Date of Injury:	10/21/2012
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 41-year-old female was reportedly injured on October 21, 2012. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of low back pain and right shoulder pain. The physical examination demonstrated right shoulder forward flexion and abduction to 140. Examination of the lumbar spine revealed decreased range of motion with pain. Diagnostic imaging studies of the right shoulder revealed mild tendinitis and osteophytes at the AC joint. Previous treatment was not discussed. A request had been made for lumbar epidural steroid injections and was not medically necessary in the pre-authorization process on July 10, 2014.

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 Treatment Guidelines Epidural Steroid Injection Page(s): 64.

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

Decision rationale: The California MTUS guidelines support, Epidural Steroid Injections when radiculopathy is documented and corroborated by imaging and electrodiagnostic studies in

individuals who have not improved with conservative care. According to the most recent progress note dated June 30, 2014, the injured employee does not have any complaints of radicular pain nor is there a neurological examination with any abnormal neurological findings. As such, this request for a Lumbar Spine Epidural Steroid Injection is not medically necessary.