

Case Number:	CM14-0147224		
Date Assigned:	09/15/2014	Date of Injury:	12/31/2009
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 California. 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 injured worker is a 33-year-old male who reported an injury on 12/31/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of left shoulder impingement/post-surgical repair and cervical fusion. Past medical treatment consists of surgery, chiropractic therapy, physical therapy, ice/heat packs, and medication therapy. Medications consist of gabapentin, naproxen, Norco, and omeprazole. On 06/10/2010, the injured worker underwent an MRI of the lumbar spine which revealed L1-2, L2-3, L3-4, and L4-5 were negative. L5-S1 was noted to have mild central disc protrusion, or protruding disc material extending into the epidural fat, touching both S1 nerve root sleeves, both not deflecting. On 08/23/2014, the injured worker complained of left shoulder and neck pain. It was noted in physical exam the injured worker had a pain rate of 6/10 to 8/10. Examination of the neck revealed that there was no jugular vein distention. Examination of the left shoulder revealed that there was a positive empty can test, Neer's test, Hawkin's test, drop arm test, sulcus sign and apprehension test. It was noted that the injured worker had a forward flexion of 75 degrees, extension of 30 degrees, internal rotation of 40 degrees, external rotation of 40 degrees, abduction of 90 degrees, and adduction of 30 degrees. The plan was for the injured worker to undergo ESI of the lumbar spine to the left. The rationale and request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection - Steroid transforaminal epidural, at left S1 Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural steroid inject.

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

Decision rationale: The request for a transforaminal steroid epidural injection is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There was no information on improved function. The criteria for the use of an ESI are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lacked any objective findings of radiculopathy, numbness, weakness, and loss of strength. Additionally, there was no radiculopathy documented as a diagnosis for the injured worker. Furthermore, there was a lack of documentation indicating that the injured worker was initially unresponsive to conservative treatment which would include exercise, physical methods, and medication. The request as submitted did not indicate the use of fluoroscopy for guidance in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.