

Case Number:	CM14-0211207		
Date Assigned:	12/24/2014	Date of Injury:	03/19/2012
Decision Date:	03/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Emergency Medicine

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 year old male injured worker suffered and industrial injury on 3/19/2012. The diagnoses were cervical radiculitis, thoracic radiculitis, chronic pain, lumbar radiculitis, discogenic back pain and right shoulder pain. The diagnostic studies were magnetic resonance imaging of the lumbar, cervical and thoracic spine, and electromyography. The treatments were right shoulder arthroscopy and medications and epidural steroid injections. Per the February 9, 2015 report, the injured worker complains of neck pain radiating to the right upper extremity, and low back pain radiating to the right lower extremity. Exam shows lumbar tenderness with restricted range of motion, negative straight leg raising tests, normal and equal reflexes. March 25, 2014 lumbar MRI was reported as showing L5-S1 bilateral neuroforaminal stenosis. The Utilization Review Determination on 11/20/2014 non-certified Bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy.: Upheld

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

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

Decision rationale: The requested Bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has neck pain radiating to the right upper extremity, and low back pain radiating to the right lower extremity. Exam shows lumbar tenderness with restricted range of motion, negative straight leg raising tests, normal and equal reflexes. March 25, 2014 lumbar MRI was reported as showing L5-S1 bilateral neuroforaminal stenosis. The treating physician has not documented physical exam evidence indicative of radiculopathy. The criteria noted above not having been met, Bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy is not medically necessary.