

Case Number:	CM14-0219261		
Date Assigned:	01/09/2015	Date of Injury:	03/29/2012
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 56 year old male, who sustained an industrial injury on 3/29/12. He has reported pain in neck, arms and lower back. The diagnoses have included cervicalgia and lumbago. Treatment to date has included physical therapy, acupuncture and medications. He has received (MRI) magnetic resonance imaging of lumbar and cervical spine, x-rays and EMG studies. Currently, the IW complains of left shoulder pain with radiation down arm and numbness and tingling, neck pain and lower back pain with intermittent radiation to both legs. Physical exam notes limited range of motion of cervical spine, left shoulder and lumbar spine there is mild tenderness on palpation over the left superior trapezius, posterior aspect of the shoulder and bilateral lumbar paraspinal muscles. On 12/12/14 Utilization Review non-certified a lumbar epidural steroid injection L5-S1, noting epidural injection may be considered if there is documentation of failed conservative measures, there is no documentation of failed measures. The MTUS, ACOEM Guidelines was cited. On 12/17/14, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections lumbar L5-S1 is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. The criteria for use of epidural steroid injections are enumerated in the official disability guidelines. The criteria include, but are not limited to, radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxes); etc. In this case, the injured workers working diagnoses are Disorders of bursae and tendons in shoulder region, unspecified; cervicalgia; and lumbago. Subjectively, the documentation indicates pain is unchanged. An orthopedic spine consult was completed on September 19, 2014. The specialist recommended cervical and lumbar epidural steroid injections. The injured worker complained of pain in the left shoulder with pain radiating down the arm numbness and tingling. Objectively, there was limited range of motion in the cervical spine. There was tenderness to palpation of the left superior trapezius. Lumbar spine showed limited range of motion. There was tenderness to palpation over the bilateral lumbar paraspinal muscles. Straight leg raising was negative in the seated position. Motor strength was normal and symmetric throughout the bilateral upper extremities and bilateral lower extremities except for/5 at the left shoulder with left grip strength. There were no imaging studies in the medical record. There were no electrodiagnostic studies in the record. The injured worker did not meet the criteria for an epidural steroid injection. The criteria require radiculopathy must be documented. There must be objective findings on physical examination. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic studies. There was no documentation supporting the criteria. Consequently, absent clinical documentation with criteria supporting epidural steroid injections, epidural steroid injections L5-S1 is not medically necessary.