

Case Number:	CM15-0113709		
Date Assigned:	06/24/2015	Date of Injury:	04/10/2000
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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:

This is a 60 year old male with an April 10, 2000 date of injury. A progress note dated May 28, 2015 documents subjective complaints (right side thigh burning constantly; mid back pain which causes a feeling of coldness throughout the thoracic spine with sharp shooting pain with radiation to the bilateral flanks; pain level of the neck and thoracic spine is 7/10; pain level for the lower back is 1/10) objective findings (decreased range of motion of the neck; positive facet loading test on both sides; decreased light touch at C6-7 dermatomes with diminished sensation to pain; decreased range of motion of the back; thoracic spine tenderness to palpation; decreased range of motion of the left shoulder due to pain), and current diagnoses (shoulder joint pain; cervical spine strain; lumbago; cervical degenerative disc disease; thoracic degenerative disc disease; bulging lumbar disc; herniated cervical disc; lumbar facet arthropathy; cervicalgia; thoracic pain). Treatments to date have included medications, pain pump, cervical epidural steroid injection that gave significant pain relief lasting two to three weeks, left shoulder injection with significant pain relief lasting two to three days, and physical therapy. The treating physician documented a plan of care that included a lumbar epidural steroid injection and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-4 with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: The requested Lumbar epidural steroid injection at L3-4 with fluoroscopic guidance, 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 electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has mid back pain which causes a feeling of coldness throughout the thoracic spine with sharp shooting pain with radiation to the bilateral flanks; pain level of the neck and thoracic spine is 7/10; pain level for the lower back is 1/10) and objective findings showed decreased range of motion of the neck; positive facet loading test on both sides; decreased light touch at C6-7 dermatomes with diminished sensation to pain; decreased range of motion of the back; thoracic spine tenderness to palpation; decreased range of motion of the left shoulder due to pain. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electro diagnostic findings indicative of lumbar radiculopathy. The criteria noted above not having been met, Lumbar epidural steroid injection at L3-4 with fluoroscopic guidance is not medically necessary.