

Case Number:	CM15-0022589		
Date Assigned:	02/12/2015	Date of Injury:	10/12/2010
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 (IW) is a 37 year old female who sustained an industrial injury on 10/12/2010. She has reported pain in the lower back with radicular symptoms in the lower extremities rated 7/10, and upper extremity pain with radicular symptoms rated at 4/10. Diagnoses include left shoulder pain; headaches, migraine; Carpal tunnel syndrome, bilateral; situation post bilateral carpal tunnel release, situation post bilateral elbow surgery; left shoulder surgery. Treatments to date include conservative treatment including drug therapy, activity modifications and physical therapy. She was reported to have had a lumbar epidural steroid injection with limited benefit. In a progress note from the treating provider dated 12/18/2014 the lumbar exam noted no gross abnormality. Tenderness was noted in palpation of the spinal vertebral area at L4-S1, range of motion was slightly to moderately limited, straight leg raise was positive, sensitivity was decreased in both lower extremities and motor exam was normal. A lumbar epidural transforaminal steroid injection was planned, and medications of hydromorphone, cyclobenzaprine, Topiramate, ciprofloxacin, ibuprofen and Imatrx were ordered. On 01/06/2015 Utilization Review non-certified a request for Bilateral L4-5, L5-S1 transforaminal epidural under fluoroscopy. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 transforaminal epidural under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, ESI.

Decision rationale: ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records provided for review indicate physical exam findings consistent with radiculopathy but no corroboration by EMG and imaging and notes that a ESI previously done did not provide any significant relief. Given the lack of pain relief, repeat injection of epidural steroid injection is not supported under ODG guidelines and therefore is not medically necessary.