

Case Number:	CM15-0063860		
Date Assigned:	04/09/2015	Date of Injury:	01/21/2014
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 1/21/2014. The mechanism of injury is not indicated. The injured worker was diagnosed as having broad based disc herniation left greater than right at the L4-5 level, status post revision of right rotator cuff repair with continued lateral shoulder pain, and right medial elbow pain and popping with ulnar nerve subluxation and triceps subluxation. Treatment to date has included physical therapy, medications, and right shoulder surgery. The request is for an outpatient epidural steroid injection at left intralaminar L4-5 and L5-S1. On 3/16/2015, she complained of continued right deltoid area pain. The treatment plan included: physical therapy, Methoderm gel, and Terocin patches. The records indicate she had improvement with previous epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Steroid Injection At Left Intralaminar L4-5 AND L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, the prior injection provided relief for only one month. Epidural steroid injection is not medically necessary.