

Case Number:	CM15-0068030		
Date Assigned:	04/15/2015	Date of Injury:	12/29/2012
Decision Date:	05/14/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: Physical Medicine & Rehabilitation, 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 is a 55-year-old female patient who sustained an industrial injury on 12/29/2012. There were initial subjective complaint of having fallen at work with resulting pain in her neck, back, and left wrist/hand. Of note, she did receive some acupuncture, chiropractic, and physical therapy in treatment. Diagnostic testing to include: magnetic resonance imaging, radiography study, nerve conduction study, epidural injections, seen under consultation, and underwent surgical intervention. She is currently working with restrictions. Her current complaints are left side neck, left shoulder, and left hand pains. She is also with complaint of low back pain that extends upwards to neck. The impression noted status post cervical strain, with associated degenerative disc disease; status post left shoulder strain; status post carpal tunnel release 05/14/2014; thoracic strain/sprain with degenerative changes; status post lumbar strain, lumbar radiculopathy, and neurosurgical diagnoses of chiari malformation with syringomyelia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Bilateral L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of pain relief with associated reduction of medication use for at least 6 weeks as well as functional improvement from previous epidural injections. Furthermore, there is no current evidence of active radiculopathy. As such, the currently requested epidural steroid injection is not medically necessary.