

Case Number:	CM15-0075835		
Date Assigned:	04/27/2015	Date of Injury:	06/10/2009
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 65-year-old man sustained an industrial injury on 6/10/2009. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 1/27/2013, laboratory testing, and CT scan dated 6/11/2014. Diagnoses include lumbar spine herniated nucleus pulposus, bilateral lumbar spondylosis, lumbar radiculopathy, thoracic sprain/strain, cervical sprain/strain, possible cervical radiculopathy, right shoulder rotator cuff tear, bilateral shoulder impingement, bilateral carpal tunnel syndrome, and right sacroilitis. Treatment has included oral medications, cortisone injection, occipital nerve block, home exercise program, chiropractic treatment, acupuncture, and surgical intervention. Physician notes dated 3/31/2015 show complaints of neck and low back pain rated 6-9/10 with associated sleep disturbance. Recommendations include transforaminal epidural injection, future medical branch block injection, neurology follow up for headaches, Flexeril, Pamelor, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection for lumbar spine: 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 Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous treatment in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The unspecified Epidural injection for lumbar spine is not medically necessary and appropriate.