

Case Number:	CM15-0078883		
Date Assigned:	04/30/2015	Date of Injury:	05/20/2013
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania, Ohio, 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:

The injured worker was a 56 year old female, who sustained an industrial injury, May 20, 2013. The injured worker previously received the following treatments physical therapy, cervical spine MRI, right shoulder MRI, lumbar spine MRI, Neurontin, Norco, Ambien, Gabapentin, Prilosec, random toxicology studies, right shoulder brace and cervical C5-C6 anterior discectomy and fusion. The injured worker was diagnosed with neck pain, headaches, myofascial pain, cervical discogenic pain, cervical radiculitis, and C5-C6 disc herniation, right shoulder pain with large infraspinatus tear, lumbar degenerative disc disease, lumbar radiculitis, insomnia, rotator cuff repair and L4-L5 disc degeneration. According to progress note of March 30, 2015, the injured workers chief complaint was right shoulder pain and low back pain. The injured worker was attending physical therapy. The injured worker rated the pain 6 out of 10 with pain medication and 8 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The injured worker was also complaining of neck and mid back pain and spasms of the low back. The physical exam noted Spurling's sign elicits neck pain. There was pain with cervical range of motion. There was trigger point tenderness of the cervical paraspinal muscles and bilateral trapezius muscles. The treatment plan included injection of the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 selective epidural steroid injection with fluoroscopic guidance and sedation:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.