

Case Number:	CM13-0008303		
Date Assigned:	06/06/2014	Date of Injury:	08/27/2002
Decision Date:	07/30/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of reported injury on 8/27/2002. No mechanism of injury was provided. Patient had lumbar laminectomy of L5-S1(3/5/2012), chronic back pain, neck pain, bilateral carpal tunnel syndrome, cubital tunnel syndrome bilaterally, status post bilateral shoulder surgery(unknown type and dates), tendinopathy of both elbows and depression. Medical records from primary treating physician and consultants were reviewed. Last report available until 9/30/13. Original request for procedure is noted on report from 6/26/13. Patient has complaints of pain in shoulders, neck, upper back, low back and bilateral lower extremities. Pain is chronic. There is no new injury or significant documented change in the pain from her baseline. Pain is claimed to be increasing but no objective documentation was provided. There is no documentation of change in pain scale or activity of daily living. Pain is cramping, burning and throbbing and waxes and wanes from moderate to severe. Has weakness to left leg, occasionally giving out. Pain worsens with sitting, standing, walking and basically any activity, Some improvement in pain with pain medications, TENS unit and pain patches. Objective exam reveals an uncomfortable gait using a cane. Pt has various back and limb supports. Shoulder scars are visualized. Range of motion(ROM) is decreased in neck and arms. Decreased sensation in median distribution bilaterally, positive Tinel's bilaterally with decreased grip strength. Scar noted in lumbar region. Tenderness noted throughout entire lumbar paraspinal and thoracic region. Diminished sensation in S1 distribution. Straight leg positive at 60degrees. Decreased ROM of lumbar spine. Some atrophy on L lower extremity. There is a report that a back injection(L4-5 LESI with epidurogram) was done sometime in 8/20/2013 with no reported improvement. There is no note if this procedure was approved by UR. Patient has a history of MRIs and other imaging of lower spine but these full reports were not provided but results were reviewed in reports provided. Her medications include gabapentin, temazepam, lorazepam,

pantoprazole, amrex, lyrica, butrans, hydrocodone and nabumetone. Pt has completed physical therapy and other unknown therapies. Ongoing TENS unit and brace for wrist and back. Utilization review is for Left L4-5 and L5-S1 lumbar epidural steroid injections. Prior UR on 7/18/13 recommended non-certification. Treating physician sent a reply on UR date 7/24/13 but provided no additional information that is useful to UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT L4-L5 AND L5-S1 LUMBAR EPIDURAL STEROID INJECTIONS , AS AN OUTPATIENT.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back,%20Table%20,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders).

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections(ESI) may be useful in treating radicular pain and maybe recommended if it meets criteria. The basic criteria are:1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. As documented by the requested provider, the goal of the requested ESI is to decrease irritability of nerve roots but no other goals were documented. Does not meet criteria.2) Unresponsiveness to conservative treatment. Meets criteria.As clearly stated in MTUS Chronic pain guidelines, ESI has no long term functional benefit. It does provide some short term reduction in pain. The treating physician has failed to document a plan that would benefit the patient in the long run and not just provide a temporary improvement in pain with an invasive procedure. The request and documentation does not meet criteria and is not medically necessary.