

Case Number:	CM13-0023496		
Date Assigned:	11/15/2013	Date of Injury:	06/10/2011
Decision Date:	01/16/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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:

The claimant presents with right shoulder pain, right hip and low back pain following a work related injury from the time of 2/19/2014 to 06/10/2011. The claimant reported constant pain that is worse on the right side. The pain is exacerbated by activity. The claimant had 12 to 13 weeks of physical therapy with no reduction in pain. X-ray of the lumbar spine was significant for moderate to advanced degenerative disc disease L4-S1 most severe at L5-S1, which shows marked narrowing as well as vacuum disc formation and arthritis disease in facet joints at L4 and L5. X-ray of the hip and pelvis was positive for degenerative changes. MRI of the Lumbar spine was significant for focal posterior left parasagittal disc protrusion with annular fissuring at L1-2 contributing to mild left sided subarticular zone stenosis, reactive degenerative changes at facet joints of L4-5 greater on the left, posterior fissuring at L1-2, L2-3, L3-4 and L4-5. MR arthrogram of the right shoulder was significant for rotator cuff tear and arthropathy. The claimant's physical exam was significant for lumbar tenderness and decreased sensation over the left L3 dermatome, as well as absent bilateral ankle reflexes. The claimant had one epidural steroid injection and reported 40% reduction in her pain. The claimant was diagnosed with right shoulder impingement syndrome, intermittent right leg radiculopathy, right greater trochanter bursitis, right ischial tuberosity bursitis. A claim was made for a second epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural L5-S1, #2 for pain management.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy). Pain Management-Lumbar Epidural L5 S1 #2

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 47.

Decision rationale: A lumbar epidural steroid injection L5-S1 #2 for pain management is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimants medical records did not appropriately document radiculopathy as corroborated by physical exam or imaging studies. Additionally the imaging study does not demonstrate a nerve compression that would be responsive to an epidural steroid injection. Finally, the claimant first epidural is required to provide at least 50% reduction in pain for at least 6-8 weeks prior to approval of a repeat epidural steroid injection. Unfortunately the first epidural steroid injection only provided 40% reduction in pain. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary.