

Case Number:	CM13-0033191		
Date Assigned:	12/06/2013	Date of Injury:	08/23/2011
Decision Date:	02/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 47 year old patient had an injury to her bilateral shoulders and back that occurred in the course of her employment on 8/23/11. She states that she was moving a heavy drum full of liquid and noted the onset of "tiredness" at the left greater than right shoulder and back. The patient on 05/17/12 underwent left shoulder arthroscopy with subacromial decompression and distal clavicle resection. The patient was treated postoperatively with additional physical therapy, pain medications, and gradual resumption of activity. She continued to have low back pain. The lumbar MRI from 12/4/13 reveals: Lumbar degenerative discopathy and spondyloarthropathy, but no apparent acute process. Per treatment note dated 5/14/13 containing a qualified medical re evaluation, the patient complains of pain in the lower back that is 8-9/10 without medication and with oxycodone the pain is 4-5/10 in intensity. According to the 5/14/13 physician note: The patient reports one epidural that yield improvement for one week. There is no mention of date of injection, level, or other details of procedure. The 5/14/13 physical exam by [REDACTED] reveals: The patient was able to forward flex bringing her finger tips 6 inches from her toes. The patient did not complain of any pain. Right and left lateral bending were a normal 30 degrees and hyperextension caused no increase in low back or leg pain, Straight Leg Raise (normal is 90) right 80 and left 90, Knee Jerks 3, Ankle Jerks 1, Motor (able to walk on heels and toes) 5 right and 5 left, Sensation was decreased throughout L4 and normal in L5. In summary, the patient had decrease sensation In L4, L5 on the right side and a positive straight leg raising at 80 degrees that caused increased pain posterior thigh into the calf and right foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: The epidural steroid injection is not medically necessary per MTUS guidelines. Per 5/14/13 physician note: The patient reports one epidural that yield improvement for one week. There is no mention of date of injection, level, or other details of procedure. Per MTUS guidelines, "If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)"Without clear documentation of when patient had a prior epidural and any objective documentation of functional improvement and significant (at least 50%) pain relief it is not medically appropriate to authorize another epidural steroid injection.