MAXIMUS Federal Services

Case Number:	CM13-0056105		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2013
Decision Date:	04/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 patient is a 51-year-old female who was injured on 7/10/2013 while working for [redacted]. On the date of injury the patient stated that she slipped and fell in the bathroom. The patient states she experienced temporary loss of consciousness, and resultant injuries to the neck, right arm, hand and left knee joint. The patient was seen by a doctor and taken off work along with given work restrictions for when she returned. MRI of the Lumbar Spine dated 8/30/2013 showed that there was no evidence of occult fracture. The vertebral body heights and marrow signal are normal with normal alignment. There is no destructive bony lesion. The conus medullaris terminates at L1 and is normal in appearance. The distal spinal cord and cauda equina are normal. The paraspinal soft tissues are unremarkable. Posterior annular fissure noted at L5-S1. There is mild disc desiccation at L2-L3 down to L5-S1. L3-L4: There is a mild focal disc herniation. This causes mild stenosis of the spinal canal. Facet and ligamentum flavum demonstrate normal configuration. Central canal is unremarkable. No sign of lateral recess stenosis. Disc material causes stenosis of the bilateral neural foramen that contacts the bilateral l3 exiting nerve roots. Medication: vicodin, anti-inflammatory medication, ibuprofen, Voltaren and Motrin. In the medical report dated 10/17/2013 the patient had pain in the cervical spine, right shoulder, and low back. Examination revealed tenderness on palpation of the C3-C4, C4-C5 and C5-C6 along with tenderness on palpation of L2-L3, L3-L4, and L4-L5. There was positive impingement test at right shoulder. The patient was diagnosed with contusion of the knee, Final Determination Letter for IMR Case Number [redacted] sprain/strain of the shoulder and upper arm, sprain/strain of the lumboscaral region and contusion of the elbow. Limited x-ray information was provided however it states that the x-ray revealed degenenerative changes in her lumbar spine, right sacrum coccyx and left knee. There were no fractures found in the x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Lumbar Epidural Steroid Injections L2-3, L3-4, and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: With respect to Epidural Steroid Injection, it is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current guideline recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. With respect to this patient, MRI of the lumbar spine was suggestive of nerve impingement, but there is no collaborative electrophysiological studies provided for review. Also, it appears there was a simultaneous request for diskectomy, but there was no documentation of initial unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. Therefore the request for 3 Lumbar Epidural Steroid Injections L2-3, L3-4, and L4-5 is not medically necessary.