

Case Number:	CM14-0005374		
Date Assigned:	04/04/2014	Date of Injury:	05/20/2009
Decision Date:	05/27/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 55-year-old female who reported an injury on 05/20/2009. The mechanism of injury was not provided in the medical records. Her symptoms included severe right shoulder pain, increased with pushing, pulling, overhead use and lifting activities. The injured worker had weakness of the rotator cuff on the right, pain with pressure to the subacromial bursa and sub-deltoid bursa on the right. The injured worker was noted to have a positive impingement sign, Hawkins test and drop arm test on the right. The injured worker was noted to have decreased range of motion of the right shoulder with crepitus noted. The injured worker was diagnosed with degeneration of lumbar or lumbosacral intervertebral discs. Past medical treatment included a lumbar selective epidural on 10/14/2013 and oral medications. Diagnostic studies included unofficial MRIs (magnetic resonance imaging) of the cervical and lumbar spines. The injured worker was noted to have L3-5 spinal stenosis, a disc bulge at L5-S1 and C4-7 disc bulges with mild cord compression. On 12/05/2013, the request for a lumbar selective epidural with fluoroscopy and anesthesia was made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SELECTIVE EPIDURAL WITH FLUORO & ANESTHESIA BETWEEN 12/5/2013 AND 1/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural steroid injections.

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). Radiculopathy must also be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines further state that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesia associated with spinal cord irritation. This is of particular concern in the cervical region. Routine use is not recommended, except for patients with anxiety. The MTUS guidelines further state that if used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. In this case, the documentation submitted for review indicated an unofficial MRI (magnetic resonance imaging) of the lumbar spine revealed L3-5 spinal stenosis with a disc bulge at L5-S1. The injured worker was also noted to have had a previous lumbar selective epidural injection on 10/14/2013. There was a lack of documentation indicating failed conservative treatment. The requesting physician did not include adequate documentation of significant objective findings of radiculopathy corroborated by positive nerve impingement upon an official MRI. The requesting physician did not provide an official lumbar spine MRI. There was a lack of documentation of the response to the first block. Additionally, the guidelines state, there is no evidence-based literature to make a firm recommendation as to sedation during an ESI; documentation of the need for anesthesia, such as anxiety issues, was not provided. The request as submitted also failed to provide laterality. Given the above, the request for a lumbar selective epidural with fluoroscopy and anesthesia is non-certified.