MAXIMUS Federal Services

Case Number:	CM14-0007385		
Date Assigned:	01/22/2014	Date of Injury:	06/06/2009
Decision Date:	01/28/2014	UR Denial Date:	12/26/2013
Priority:	Expedited	Application Received:	01/21/2014

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 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.

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 57 year-old female sustained an injury on 6/6/09 from repetitive pulling with her right arm while getting in and out of a van during employment by [redacted]. Diagnoses include lumbar degenerative disc disease with radiculopathy; Bilateral thoracic myofascial trigger points with myospasm; Thoracolumbar spondylosis; Cervicalgia and upper extremity radiculopathy; s/p rotator cuff repair (12/21/09); Depression secondary to chronic pain. Request in consideration is an Urgent Left L3-L4 Epidural Steroid. Prior conservative treatment has included physical therapy and Lumbar Epidural Steroid Injections. Medical report of 11/8/13 from [redacted] noted the patient complains of neck pain radiating into her bilateral shoulders and upper extremities and hands; low back pain that spreads into her left lateral hip and buttock down to her knee. The patient continues to note benefit from the lumbar epidural steroid injection that was previously done and she reports excellent relief from the trigger point injections received. She is currently utilizing her home TENS unit for her low back. Exam of the lumbar spine showed range in FF to 40 degrees and extension to 10 degrees, right/left side bending 15/10 degrees; motor strength of 5/5 with positive SLR on left/right at 65/70 degrees with sensation decreased in left L3 & L4 distribution. Duration of pain relief was not quantified in the medical reports; there was no decrease in pain medications or improved functions from the treatment. Request for the LESI at L3-L4 was non-certified on 12/26/13 by [redacted], citing guidelines criteria and lack of medical indication. Report of 6/7/13 from [redacted] has unchanged pain symptoms, clinical findings, and treatment plan to appeal the LESI. Report of 5/10/13 by [redacted] noted the patient had received a LESI in September 2012 with 80% relief for more than two months with medication limited to anti-inflammatory, mainly Ibuprofen. Prior to injection, the patient could barely get up off the gurney and afterward was able to move about quite freely and ambulate with only moderate pain. Report dated 5/15/13 from [redacted] Dorsey, ortho noted the patient with continued low back pain with SLR positive, pain to palpation with spasms and decreased range of motion with pain. Treatment plan for [redacted] to perform

trigger points, LESI and physical therapy 2x4. The patient remained off work. Reports of 7/24/13, 8/21/13, and 10/16/13 from [redacted] noted the patient to continue with off-work. There is a report from [redacted] dated 12/14/12 noting same chronic low back radicular pain complaints with same clinical presentation of decreased sensation at L3-L4, positive SLR bilaterally, 5/5 motor strength, and decreased range. It was noted the patient had 50% improvement from the LESI done in September and the patient didn't want to wait for the workers' comp. to approve and went and had further ESI on her own with some relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Left L3-L4 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs),.

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

Decision rationale: This 57 year-old female sustained an injury on 6/6/09 from repetitive pulling with her right arm while getting in and out of a van during employment by [redacted]. Diagnoses include lumbar degenerative disc disease with radiculopathy; Bilateral thoracic myofascial trigger points with myospasm; Thoracolumbar spondylosis; Cervicalgia and upper extremity radiculopathy; s/p rotator cuff repair (12/21/09); Depression secondary to chronic pain. Request in consideration is an Urgent Left L3-L4 Epidural Steroid. Medical report of 11/8/13 from [redacted], pain management noted the patient with continued chronic low back radicular pain with clinical findings of decreased sensation at L3-L4, positive SLR bilaterally, 5/5 motor strength, and decreased range. He noted the patient is utilizing her TENS unit at home and performing her home exercise program. He noted the patient had 80% improvement from the LESI done in September 2012 for more than two months and has re-request for LESI treatment. Request for the LESI at L3-L4 was non-certified on 12/26/13 by [redacted], citing guidelines criteria and lack of medical indication. There are reports of 7/24/13, 8/21/13, and 10/16/13 from PTP, [redacted], ortho, noting the patient to continue with off-work. There is a report a year previously from [redacted] dated 12/14/12, noting same chronic low back radicular pain complaints with same clinical presentation of decreased sensation at L3-L4, positive SLR bilaterally, 5/5 motor strength, and decreased range. It was noted at that time the patient had 50% improvement from the LESI done in September and the patient didn't want to wait for the workers' comp. to approve and went and had further ESI on her own with some relief. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI 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. Conflicting reports of level of pain relief and duration have been submitted. Report of 11/8/13 from [redacted]

mentioned 80% pain relief over two months duration yet report of 12/14/12 post LESI in September 2012 noted only 50% pain relief and that the patient also had a lumbar epidural injection, privately on her own because she could not wait for approval from the insurance company. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has remained off work per her PTP, [redacted] for at least the last year post epidural injection. Criteria to repeat the LESI have not been met or established. The URGENT Left L3-L4 epidural steroid injection is not medically necessary and appropriate.