

Case Number:	CM14-0105546		
Date Assigned:	07/30/2014	Date of Injury:	06/06/2011
Decision Date:	09/30/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/08/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 44 year old female with a reported date of injury on 06/06/2011. The mechanism of injury was continuous trauma. The injured worker's diagnoses included carpal tunnel syndrome, depression, radiculopathy of the right lumbar spine, osteoarthritis of the lumbar spine, lumbar myofascial pain, L4-L5 and L5-S1 disc protrusion, and lumbago. The injured worker's previous treatments included medication, epidural steroid injection prior to 11/19/2012 at right L4-5 and L5-S1 and again on 02/21/2014, right carpal tunnel injection on 05/24/2010, and a home exercise program. The injured worker's diagnostic testing included a lumbar spine MRI with contrast which was performed on 04/21/2011, EMG/NCV of the upper extremities which were performed on 02/10/2012 and again on 09/11/2012, an MRI of the lumbar spine which was performed on 04/28/2012 and revealed L4-5 and L5-S1 posterior annular tear intervertebral disc with accompanying 2-3 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing, an EMG/NCV of the lower extremities on 05/29/2014 and 12/02/2013 which were essentially normal, and multiple x-rays were reported. The injured worker's surgical history included a right carpal tunnel release. The injured worker underwent an epidural steroid injection prior to 11/19/2012 at right L4-5 and L5-S1. On 11/19/2012 she was seen for follow up and reported 40-50% improvement to the low back and radicular pain. On 02/28/2014 the injured worker reported 60% improvement in pain since the epidural steroid injection on 02/21/2014. On 03/11/2014 the injured worker rated her low back pain as 5/10. The injured worker reported a 7% diminution in lumbar radiculopathy. Lumbar range of motion was measured 60 degrees of flexion, 50 degrees of extension, 50 degrees of bilateral lateral tilt, and 40 degrees of left rotation. The clinical note dated 05/20/2014 noted the injured worker had 70% relief of radicular pain since the epidural steroid injection, which was improved from previous examinations. The injured worker's tolerance for standing and walking was improved and she

rated her pain 5/10. The lumbar range of motion was documented as improved without quantitative findings. The injured worker's medications included Tramadol 50 mg once daily up to 150 mg once daily, Naproxen 500 mg three times per day, Pantoprazole 20 mg three times per day, Cyclobenzaprine 7.5 mg two to three times per day, Cymbalta 30 mg to 60 mg once daily, and Fluoxetine 20 mg once daily. The physician recommended the injured worker received a third epidural steroid injection for right L4-5 and L5-S1 as the injured worker had significant improvement with 2 previous epidural steroid injections. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third epidural steroid injection for right L4-5 and L5-S1: 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: The request for Third epidural steroid injection for right L4-5 and L5-S1 is not medically necessary. The injured worker's second epidural steroid injection was performed on 02/21/2014. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. The injured worker continued to report low back pain rated 5/10 with right greater than left lower extremity symptoms. The injured worker's pain relief following the last injection varied from visit to visit. The injured worker reported a reduction of 60% on 02/28/2014, a reduction of 7% on 03/11/2014, a reduction of 62.7% on 4/18/2014, and a reduction of 70% on 05/20/2014. There is a lack of documentation indicating the injured worker experienced a reduction of pain medication usage and significant objective functional improvement. Additionally, the request does not include fluoroscopic guidance. Therefore, the request for third epidural steroid injection for right L4-5 and L5-S1 is not medically necessary.