

Case Number:	CM14-0010587		
Date Assigned:	02/21/2014	Date of Injury:	02/12/2012
Decision Date:	12/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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:

This is a 62 year old female who fell injuring her right shoulder, low back, and bilateral legs on 2/12/12. Medical history included rheumatoid arthritis and hypertension. In 1995 the injured worker suffered a work related injury and was diagnosed as having probable lumbar disc injuries. In 2003 the injured worker suffered another work related injury and was diagnosed with cervical and lumbar disc injuries. In 2006 the injured worker was involved in a motor vehicle accident and sustained straining injuries to the axial spine. On 2/14/14 the injured worker was involved in another motor vehicle accident and a flexion extension type injury was discussed, the injured worker said she had ongoing cervical spine pain after this accident. The injured worker was prescribed steroids. A MRI of the lumbar spine was done on 3/5/12 and the injured worker was diagnosed with lumbar spine degenerative joint disease/degenerative disc disease, lumbar neuritis/radiculitis, lumbar sciatic neuritis, and acquired lumbar spine spondylolisthesis. Per documentation the lumbar MRI revealed a 3 mm disc protrusion at L1-L2, 5 mm disc protrusion at L2-L3, 5 mm disc protrusion at L3-L4, 5 mm disc protrusion at L4-L5 and 4 mm disc protrusion at L5-S1. On 6/27/13 the treating physician noted the injured worker had exhausted multiple non operative treatment modalities for a long period of time and recommended epidural steroid injections. The injured worker was noted to be temporarily totally disabled for four weeks as of 6/27/13. A treating physician's report dated 3/5/14 noted the injured worker had received chiropractic treatments with improvement. A physician's report dated 3/10/14 noted the injured worker complained of back pain with radiation to both feet, numbness in bilateral feet, weakness in bilateral legs, and bilateral hip pain. The physical examination revealed range of motion in the lumbar spine was restricted. Motor strength in all major muscle groups, sensation, and deep tendon reflexes were normal and symmetrical. An electrodiagnostic evaluation was done on

3/10/14 and results showed no evidence of entrapment neuropathy and no evidence of lumbar radiculopathy were seen. On 1/22/14 the utilization review physician denied the request for two outpatient epidural steroid injections to L4-S1 and one steroid injection noting a series of three injections is not recommended during the diagnostic or therapeutic treatment phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4-S1 times two (x2) and one (1) steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition page 46

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

Decision rationale: One outpatient epidural steroid injection L4-S1 times two (x2) and one steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal physical exam findings of a dermatomal distribution of radiculopathy. Furthermore, the request for more than one injection is not appropriate as the guidelines state that 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 request for one outpatient epidural steroid injection L4-S1 times two (x2) and one steroid injection are not medically necessary.