

Case Number:	CM14-0016586		
Date Assigned:	04/11/2014	Date of Injury:	11/16/2011
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational Medicine 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 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 patient is a 45 year old female who was injured on 01/08/2014 while she was coming down a ladder and fell down, injuring her back and bilateral shoulder. Prior treatment history has included acupuncture which helped the most and Tramadol helped some. She has tried Diclofenac but gave her GI upset. The patient also had cervical epidural injections x 2 and lumbar spine x 2. Her present medications include the following: 1. Cyclobenzaprine 2. Diclofenac 3. Omeprazole 4. Ondansetron 5. Wellbutrin 6. Tramadol ER Diagnostic studies reviewed include MRI of the lumbar spine dated 02/04/2014 revealing: 1. L3-4 left paracentral disc protrusion that produces left neuroforaminal narrowing. 2. L5-S1 broad-based disc protrusion and facet hypertrophy produces bilateral neuroforaminal narrowing. 3. Schmorl's node at L2. 4. Straightening of the lumbar lordosis. 5. Hemangiomas at L3 and L4. Progress note dated 01/08/2014 documented the patient to have complaints of low back pain and bilateral shoulder pain. She reports that her low back pain is rated as 4/10 with pain as pinching and stabbing. She experiences this pain daily for the last two years. The pain is worse with prolonged standing and leaning forward. It is better when she does stationary bicycle. Pain interference scores for general activity is 4/10. Objective findings on exam included examination of the lumbar spine revealing lumbar flexion has full range of motion. Lumbar extension has full range of motion. The patient is with positive facet loading on the left. Muscle testing hip flexion, knee extension, ankle dorsiflexion, ankle plantarflexion, biceps and triceps 5/5 bilaterally. There is no tenderness to palpation along the spinous processes of the lumbar region. There is positive tenderness to palpation along the paraspinal musculature bilaterally at L3, L4 and L5. Straight leg raise is negative bilaterally. Impression: Low back pain with positive tenderness to palpation of bilateral paraspinal musculature at L3, L4 and L5 with positive facet loading on the left

lumbar region. Plan: An MRI of the low back is requested. Physical therapy 2-3 times per week x 6 weeks. Acupuncture 2-3 times per week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) X2 UNKNOWN LEVELS: Upheld

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

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

Decision rationale: CA MTUS guideline detail" "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8)

Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.”

The patient does not have documentation of radiculopathy. Therefore, this request does not meet the guideline above and is not medically necessary.