

Case Number:	CM14-0135447		
Date Assigned:	08/29/2014	Date of Injury:	01/26/1999
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Pain Management, and is licensed to practice in Oklahoma. 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 72-year-old who reported an injury on 04/26/1999. The mechanism of injury was not specified. Her diagnoses included cervicalgia, lumbar intervertebral disc degeneration, idiopathic peripheral neuropathy and a bladder disorder. Her past treatments included multiple epidural steroid injections to the lumbar area, medications and surgery. Her surgical history included multiple epidural injections on 10/12/2011 at left L4-5, on 03/27/2012 at left L5-S1 and on 11/02/2012 at the right L5-S1 area. She also had a left sacroiliac joint injection on 06/28/2011. Her diagnostic studies consisted of an MRI of the lumbar area on 03/11/2013. On 07/08/2014 the injured worker complained of 9-10/10 pain in the back, left leg, right shoulder and that she was unable to stand. Her physical examination indicated back range of motion with flexion at 40 degrees and extension at 10 degrees with pain and a positive Lasegue's sign in the left leg at 40 degrees. Motor strength, deep tendon reflexes, and sensation were noted to be intact. Medications included Celebrex 200mg, Cyclobenzaprine HCL 10mg, Lorazepam 0.5mg, Norco 10/325mg and Ropinirole HCL 0.25mg. The treatment plan indicated the injured worker would need to get a urine toxicology screening, MRI of the right shoulder, epidural steroid injection for left L4-5, L5-S1, and medication refills including K30 & G30 creams. The rationale for the request was not provided. 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:

Epidural steroid injection L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIS).

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

Decision rationale: The injured worker has a history of cervicalgia, lumbar intervertebral disc degeneration, idiopathic peripheral neuropathy and a bladder disorder. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain with no more than 2 epidural steroid injections. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Furthermore, 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. Although the injured worker complained of 9-10/10 pain in the back, left leg, right shoulder and that she was unable to stand, there was no evidence in her physical findings, diagnostic tests, or her diagnosis on 07/08/2014 of radicular pain which guidelines state have to be present. Motor strength, deep tendon reflexes, and sensation were noted to be intact. There is a lack of documentation indicating at least 50% pain relief, objective functional improvement, and reduced medication use from the previous injection. Therefore, the request is not supported. As such, the request for an epidural steroid injection at L4-5 and L5-S1 is not medically necessary or appropriate.