

Case Number:	CM14-0152655		
Date Assigned:	09/22/2014	Date of Injury:	03/13/1995
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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 Texas. 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:

Medical records reflect the claimant is a 60 year old male who sustained a work injury on 3-13-95. Office visit on 8-21-14 notes the claimant has chronic pain related to a history of multiple pain generators. His claimant has left shoulder pain, cervical and lumbar degenerative disc disease, cervical and lumbar facet syndrome and cervical and lumbar radiculopathy. The claimant has had two left shoulder surgeries, left index finger surgery. He has undergone multiple epidural steroid injections to the cervical and lumbar spine and acupuncture. The claimant is being treated with medications. He notes his pain is 7/10 with medications. He has no side effects associated with medications as long as he is using Prilosec. Medications include Norco, Nortriptyline, Ambien, Omeprazole, Naproxen and Lidocaine cream. Review of system notes the claimant denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia or jaundice. On exam, of the lumbar spine, the claimant has TTP paraspinals, positive SLR (straight leg raise) on the right at 50 degrees reproducing pain radiating to the distal calf. Motor testing on the left is 4+/5 at left psoas, quads, hamstring and 3+/5 at left tibialis anterior, EHL (extensor hallucis longus), plantar flexors and dorsiflexors. There is no documentation of sensory loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injections L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI (EPIDURAL STEROID INJECTION) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG note that epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). It is noted 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, with a general recommendation of no more than 4 blocks per region per year. Medical Records reflect this claimant has had numerous epidural steroid injections done in the past without documentation of functional improvement as required. Therefore, the medical necessity of this request is not established.