

Case Number:	CM14-0155280		
Date Assigned:	09/25/2014	Date of Injury:	11/01/2009
Decision Date:	12/04/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 52-year-old female with a date of injury of 11/01/2009. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain, wrist pain, and shoulder pain. Subjective complaints (7/21/2014) include wrist and hand pain, left shoulder and elbow pain, and diffuse low back pain of 5/10 severity, with difficulty in daily activities. Objective findings (7/21/2014) include lumbar spine tenderness, reduced range of motion in the lumbar spine, positive straight leg raise on the left side, and some paraspinal muscle spasm. Diagnoses include bilateral foraminal stenosis (L3-5), post carpal tunnel release, and left shoulder impingement. The patient has undergone studies to include EMG in 7/13 which was normal and 7/14 which showed mild radiculopathy involving the L4 nerve root; MRI in 7/13 showed mild scoliosis and T12-L1 abnormalities but no neurological compromise. The patient has previously undergone medication and physical therapy, which are ongoing. A utilization review dated 8/18/2014 did not certify the request for L3-4 and L4-5 epidural steroid injection X3.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 & L4-5 Epidural steroid injection x 3.: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented and corroborated by imaging studies, and guidelines also state that failed response to conservative treatment should be detailed. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Guidelines state current research does not support series of three injections. There is medical documentation showing ongoing conservative therapy (medication and physical therapy), but it is not specifically detailed to have failed and the patient seems to have seen some relief from this. Medical documentation shows a recent EMG did show mild radicular findings, but there were questionable radicular findings on physical examination, the neurological exam was essentially normal, and there was no clear dermatomal pattern demonstrated. The MRI findings do not demonstrate any radicular or neurological findings. Further, a series of three injections is not supported by guidelines. Therefore, the request for L3-4 and L4-5 epidural steroid injection X 3 is not medically necessary.