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| Case Number: | CM14-0164623 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 08/18/2010 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Orthopedic Spine Surgeon 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:

The injured worker is a 78-year-old female who reported an injury on 08/18/2000. The mechanism of injury was not submitted for this review. Prior treatment history included MRIs of the lumbar spine, epidural steroid injections, failed conservative treatments, including anti-inflammatories, muscle relaxants, and physical therapy. It was documented the injured worker has been receiving epidural steroid injections approximately since 08/2008 to 04/14/2014. On 08/20/2014, it was documented the injured worker was status post lumbar epidural steroid injection on 04/14/2014 with 60% pain relief in the low back and 60 to 75% relief in legs. Medication was decreased by approximately 20%. Functional ability had increased to 20% with an increase in activity level and endurance. Prior to epidural, sitting tolerance was approximately 30 minutes, now 45 minutes; walking tolerance before: 2 blocks, now 4 to 6 blocks. Her sleep was improved. On 09/09/2014, the injured worker complained of low back pain. She also complained of persistent achy pain in the bilateral upper extremities, the bilateral shoulders, and bilateral wrists. She complained of aching pain in the right knee and calf. Her back continued to bother her. She continued to have numbness in her hands and right knee. She was taking Tramadol and Norco. She stated that Norco was helping. She was not attending any physical therapy. Physical examination of the lumbar spine revealed the injured worker used a cane. Toe walk was abnormal bilaterally. Heel walk was normal. There was tenderness in the paraspinal musculature of the thoracic and lumbar regions. There was a lumbar muscle spasm bilaterally. Range of motion of the lumbar spine with active co-operation effort was: flexion was 20 degrees, extension was 15 degrees, right/left rotation was 45 degrees, and right/left tilt was 30 degrees. There were spasms noted on the lumbar range of motion. There was decreased sensation about the L5 dermatome bilaterally, left greater than right. Examination by manual muscle test was normal. Diagnoses included wrist pain, carpal tunnel release, left wrist pain,

status post carpal tunnel release, multilevel lumbar disc desiccation and bulging with stenosis at L2-3, L3-4, L4-5, and L5-S1 levels, bilateral ankle synovitis, and lumbar radiculitis. The Request for Authorization dated 09/16/2014 was for epidural steroid injection at L3-4 and L4-5 levels, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-steroid-epidural injection at L3-4 and L4-5 levels. Quantity: 1: 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: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. The request did not indicate the use of fluoroscopy for guidance in the request. The documents submitted for review indicated the injured worker has been receiving epidural steroid injections approximately since 08/2008 and 09/2008 to 04/14/2014. The provider documented that the epidural steroid injections the injured worker had 60% pain relief in the low back and 60% to 75% relief in legs. Medication had decreased by approximately 20%, and functional ability had increased to 20% with increase in activity and activity level and endurance. However, the provider failed to include official evidence of corroborated imaging studies. Moreover, the injured worker has been receiving epidural steroid injections since 08/2008 with no long term functional improvement. As such, the request for injection - steroid - epidural at L3-4 and L4-5 levels, quantity 1, is not medically necessary.