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| Case Number: | CM14-0023728 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 10/07/2013 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Illinois. 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 61-year old female who was working as a teacher's aide who reported a fall after slipping on the sand near her classroom on 10/07/2013. She tried to break her fall by grabbing onto a fence with her left hand. She landed on her left buttock. She reported feeling a tear in her left arm. She complained of aching and stabbing left shoulder pain radiating with numbness to her upper arm. She rated her pain as 75% in her shoulder and 25% in her buttock. She complained of burning in her lower back with aching and cramping in her left buttock. Her symptoms worsen with walking and standing. Physical examination findings include negative bilaterally straight leg raise, normal sensation, and 5/5 motor strength. An MRI of the lumbar spine on 05/21/2014 showed no compression fractures or destructive changes. There is no evidence of central or foraminal stenosis in L1-2, L2-3, L3-4, or L5-S1. L4-5 showed mild narrowing of the left neural foramen. Her records indicate that she had benefitted significantly from her previous epidural injections with the last one given in September of 2010. She had received both physical therapy and chiropractic, dates and duration is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION (LESI) AT L4-L5 AND PHYSICAL THERAPY 2X3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

Decision rationale: This worker reported trying to break a fall by grabbing a fence with her left arm and landing on her left buttock on 10/07/2013. She reported left upper extremity and low back pain. There is documentation of previous epidural steroid injections. The Chronic Pain Medical Treatment Guidelines recommend no more than 2 ESI injections. Earlier recommendations largely based on anecdotal evidence have now been supplanted by research which shows that on average, less than two injections are required for successful ESI outcome. Current research does not support a series of three injections in either the diagnostic or therapeutic phase. ESI injections can offer short-term pain relief and should be used in conjunction with other rehab efforts including a home exercise program. There is a lack of documentation of how many prior injections the injured worker has undergone and/or the specific percentage of pain relief. There was a lack of neurological deficits on physical examination to support the need for an epidural injection at this time. In addition, the ODG recommends 1-2 sessions of physical therapy after an epidural steroid injection. The request for 6 sessions would exceed guideline recommendations. Furthermore, as the ESI is not supported there would be no need for physical therapy. Therefore, the request for Lumbar epidural injection (LESI) at L4-L5 and physical therapy, twice a week for three weeks, is not medically necessary.