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| Case Number: | CM14-0025692 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/26/2004 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 California. 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 63 year old female with a date of injury on 3/26/2004. As per the report of 6/19/14, she complained of chronic cervical neck, bilateral shoulder, and chronic low back pain. Pain in the neck was worse radiating to the shoulder. L-spine exam revealed spasm, limited range of motion (ROM), and positive Lasegue on the left. There were positive straight leg raising (SLR) at 60 degrees and motor weakness at 4/5 on the left. Decreased sensation on the left at L4-5 and L5-S1 was also noted. She had pain bilaterally at L4-5 and L5-S1 and tenderness to palpitation (TTP) over the lumbar paraspinal musculature. C-spine exam revealed spasm, pain and decreased range of motion (ROM). There was facet tenderness, motor weakness at 4/5 and tenderness to palpitation (TTP) over the cervico-trapezial ridge. Bilateral C5-7 radiculopathy was also noted. Sensation was decreased at C5-7 on the left. A shoulder exam revealed positive impingement bilaterally, painful range of motion (ROM) bilaterally, and positive tenderness to palpitation (TTP) over the acromioclavicular (AC) joint. L-spine magnetic resonance imaging (MRI) without contrast on 2/5/14 revealed S-shaped scoliosis of the L-spine, disc desiccation, Modic type II endplate degenerative changes noted at L1-2, diffuse disc protrusion at L2-3, L3-4, and L4-5; focal central disc protrusion at L5-S1, and grade 1 anterolisthesis of L5 over S1 without evidence of pars fracture. Current medications include Norco, Anaprox DS, Prilosec, Zofran ODT, and Laxacin. She has had medications for management, activity modification, therapy, chiropractic treatment, bracing, epidural steroid injections (ESIs), and trigger point injections (TPIs). She has had lumbar epidural steroid injection (LESI) in the past that helped 70% for several months. Previous request for lumbar epidural steroid injection (LESI) was denied on 02/14/14 and 04/30/14. As per report dated 01/09/14, transcutaneous electrical neurostimulation (TENS) unit, back brace, and medications did help her pain. Diagnoses include cervical discogenic disease, cervical radiculopathy, cervical facet arthrosis, bilateral shoulder

impingement syndrome with tendinosis, lumbar discogenic disease, and chronic low back pain. There was no documentation regarding past surgeries. The request for lumbar epidural steroid injection (LESI) L4/5 4/4 was denied on 07/16/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L4/5 4/4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: As per the California Medical Treatment Utilization Schedule (CA MTUS) guidelines, the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per California Medical Treatment Utilization Schedule (CA MTUS) guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of epidural steroid injections (ESIs) include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs [NSAIDs] and muscle relaxants). In this case, there is clinical evidence of radiculopathy in the medical records. There is magnetic resonance imaging (MRI) evidence of the lumbar spine multilevel degenerative disc disease, but no clear root impingement corroborating with symptoms. However, there is little to no documentation of trial and failure of conservative management. There is no evidence of any recent rehabilitation efforts such as physical therapy or home exercise program. There is no documentation of trial of non-steroidal anti-inflammatory drugs (NSAIDs) or oral steroids. The date of prior epidural steroid injection (ESI) is unknown. Therefore, the medical necessity of the request for epidural steroid injection (ESI) cannot be established in accordance to guidelines and based on the submitted information.