

Case Number:	CM14-0060373		
Date Assigned:	07/11/2014	Date of Injury:	03/08/2012
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation 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 61-year-old female who reported an injury after falling face down on 03/08/2012. The clinical note dated 04/08/2014 indicated diagnoses of radiculitis due to displacement of lumbar intervertebral, chronic pain due to trauma, low back pain, and neck pain. The injured worker reported she underwent a cervical Corticosteroid injection which offered mild relief. The injured worker reported her worst pain was low back and right leg pain, described as constant, moderate to severe, aching, burning, low back pain that radiated down the anterior distal right thigh. Pain was worse with sitting, better with lying supine with legs elevated. The injured worker described constant moderate aching neck pain with intermittent occipital headaches and reported intermittent radiated numbness tingling left 3rd through 5th digits. She reported weakness to the right hand. The injured worker had 12 sessions of physical therapy, manual traction, e-stem cervical epidural, 12 sessions of chiropractic therapy, massage, and aquatic therapy. The injured worker reported she had used Lyrica, but lacked efficacy and reported weight gain. She had used gabapentin, Naprosyn, Ibuprofen, and Tramadol, but she reported they lacked efficacy. The injured worker reported she used Flexeril for muscle spasms and Diazepam and Norco. The injured worker reported she had made an effort to decrease the use of Norco but found it difficult secondary to pain. The injured worker rated her pain 8/10. The injured worker reported she was unable to carry out any activities. The physical examination of the lumbar spine forward flexion was 35 degrees with end range pain, extension 10 degrees with end range pain, dual tensions sign was positive on the right and negative on the left. The injured worker's motor strength was 5/5, sensation was decreased to approximately the L3 distribution, otherwise intact. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, chiropractic therapy, and medication management. The injured worker's medication regimen included Norco, Gabapentin, Simvastatin, Diazepam, and Ambien. The

provider submitted a request for an epidural steroid injection lumbar L4-5 interlaminar. A Request for authorization dated 04/08/2014 was submitted for epidural Steroid injection lumbar L4-5; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Lumbar L4-5 interlaminar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for epidural Steroid injection Lumbar L4-5 interlaminar is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural Steroid injections. There was a lack of findings indicative of radicular symptoms at the requested level. In addition, clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence on imaging was not provided. Moreover, the request did not indicate fluoroscopy for guidance. Therefore, the request is not medically necessary.