

Case Number:	CM14-0076212		
Date Assigned:	07/16/2014	Date of Injury:	11/22/2009
Decision Date:	08/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/24/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

55y/o female injured worker with date of injury 11/22/09 with related low back and shoulder pain. Per progress report dated 4/9/14, the injured worker reported posterior left shoulder pain that radiated to the arm, elbow, forearm, hand, and neck. She described it as moderate in severity, constant, sharp, and burning. Related symptoms included shoulder stiffness, allodynia, and tingling in the left arm and hand. Her low back pain radiated to the left buttock, left posterior thigh, and left calf, and was associated with left leg radicular pain. She denied numbness or weakness in the legs. MRI of the left shoulder dated 4/25/13 revealed tendinopathy and fraying of the bursal surface with associated subdeltoid bursitis. Partial delamination tear of the articular surface of the main body of the SST with associated focal effusion was noted. EMG/NCS dated 5/2/13 revealed a normal study. Treatment to date has included physical therapy, acupuncture, chiropractic manipulation, and medication management. The date of UR decision was 3/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 epidural steroid injection: 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 Epidural Steroid Injections, page(s) 46 Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contained no clinical findings of weakness, sensory or reflex deficits. The documentation lacked lumbar MRI corroborating radiculopathy. EMG/NCS study dated 5/2/13 was unremarkable. As the first criteria is not met, the request is not medically necessary.