

Case Number:	CM14-0076456		
Date Assigned:	07/18/2014	Date of Injury:	11/17/2010
Decision Date:	09/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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:

Injured worker is a male with date of injury 11/17/2010. Per secondary treating physician pain management follow up report dated 4/3/2014, the injured worker complains of a chronic unremitting pain in his lumbar spine and residual pin in his right knee. He is status post right knee surgery during his clinical course. He also has a complaint of a pain in his left knee, right shoulder and wrist. He is status post lumbar epidural injection during his clinical course meeting criteria set by the MTUS Guidelines for additional procedure. He would like to concentrate on other means of treatment; however at the end of the visit he expressed his desire to have one more lumbar epidural injection. On examination, he is visibly uncomfortable ambulating with one-pointed cane for balance. He is wearing a right knee brace. Discomfort with pain is noted on flexion and extension of the knees bilaterally against the gravity. There is spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noticed in L5 and S1 dermatomal distributions bilaterally. Decreased grip strength is noted on right side. Diagnoses include 1) lumbosacral radiculopathy 2) right shoulder tendinitis/bursitis 3) knees tendinitis/bursitis 4) right wrist tendinitis/bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s) : 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician reports that the injured worker has had an epidural steroid injection previously and meets the criteria for repeat injection, however, there is no information provided regarding when the last injection was, an assessment of pain reduction, an assessment of improved function, or a report of reduced medication use. Without providing this information, medical necessity for a repeat epidural steroid injection is not established. The request for Lumbar Epidural Injection at L5-S1 is determined to not be medically necessary.