

Case Number:	CM14-0081969		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2010
Decision Date:	08/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59-year-old who was injured on January 5, 2010. She was diagnosed with cervical strain, thoracic strain, lumbar strain, bilateral rotator cuff syndrome, right shoulder pain, and chronic myofascial pain syndrome. She was treated with physical therapy, numerous medications, acupuncture, and surgery (right shoulder). She also was treated with lumbar epidural steroid injections and trigger point injections. Her most recent lumbar epidural injection was on March 21, 2014, which provided a 50% reduction in the worker's pain, reportedly. MRI of the lumbar region performed on April 16, 2010 revealed no central canal stenosis or neuroforaminal narrowing, but did show multilevel disc degeneration and a central disc protrusion at the L5-S1 level. The worker saw her treating physician on May 5, 2014 complaining of back pain with increased numbness into her legs and weakness of her legs. She also complained of neck pain with right hand numbness. The physical examination revealed decreased range of motion of the lumbar spine, tenderness to the bilateral iliolumbar ligament, muscle spasms and tenderness of the paraspinal muscles in the lumbar area, decreased light touch sensation in the dorsal aspect of the bilateral feet, and positive straight leg raise test bilaterally. She was then recommended a repeat lumbar epidural injection series (L4, L5, and S1 levels).

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Right Lumbar 4, right Lumbar 5, right Sacral 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 15,16.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the Chronic Pain Medical Treatment Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants), 3. Injections should be performed using fluoroscopy 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 transoraminial 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although MRI imaging does not precisely corroborate the worker's symptoms, she reports symptoms indicative of lumbar radiculopathy and physical examination findings confirm this, according to the notes provided for review. The worker also seemed to benefit to some extent from the previous injection in the lumbar region. However, the request was for a series of three injections, when 1-2 is the recommended limit based on the current evidence. Therefore the request for ESI Right Lumbar 4, right Lumbar 5, right Sacral 1 is not medically necessary or appropriate.