

Case Number:	CM13-0047082		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2012
Decision Date:	01/16/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 and 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 44 year-old sustained an injury on 1/9/12. The diagnoses include chronic headaches, cervical spine myoligamentous sprain/strain with radicular, left and right rotator cuff tendinitis/bursitis, thoracic spine sprain/strain, and lumbar spine sprain/strain with radicular complaints, right knee and ankle sprain/strain. Conservative care has included medications, therapy, lumbar epidural steroid injection, and modified activities/rest. Report dated 10/3/13 from the provider noted the patient with worsening shoulder pain, unable to sleep; and the cooler weather makes pain worse. Exam showed unchanged findings of mild tenderness on palpation to the neck, decreased range of motion, and decreased range of motion to the spine/trunk. The rest of the exam was within normal limits. EMG/NCV dated 8/27/12 showed evidence of an acute right L4, L5 and S1 lumbosacral radiculopathy with no evidence of peripheral neuropathy or entrapment. MRI of lumbar spine dated 6/18/12 revealed mild to moderate L4-5 diffuse disc bulging without degenerative disc disease; normal facet joints; encroachment upon the neural foramina; mild degenerative changes at right L5-S1 facet joint; and no significant encroachment upon the neural foramina at this level (chronic). The patient underwent a previous lumbar epidural steroid injection at L5-S1 on 4/4/13 without noted benefit or significant outcome. The documentations provided do not mention the medical treatment the injured worker is receiving. The request for lumbar epidural steroid injection at L5-S1 was non-certified by the Utilization Review on 10/11/13 and based their decision on California Medical Treatment Utilization Schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend an epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which was not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. The provider has not reported any specific improvement post previous injections and the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury without evidence of functional improvement from previous LESI in 2013. Criteria for repeating the epidurals have not been met or established. The lumbar epidural steroid injection at L5-S1 is not medically necessary and appropriate.