

Case Number:	CM14-0186730		
Date Assigned:	11/14/2014	Date of Injury:	09/29/2013
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular 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 injured worker is a 49 year old male who sustained a work related injury September 29, 2013. Past medical history includes; migraines, enlarged prostate, lumbar epidural injections x 2 October 6th and 12th 2012, with no relief, lumbar spine surgery December 2012, cervical surgery January 2014, and right shoulder surgery 2010 and 2011. On September 22, 2014, the injured worker presented for an initial pain management evaluation. At this time, he complained of cervical pain/low back pain and stiffness. The pain is worse throughout the day depending on activities, and he is experiencing sexual dysfunction. Cervical spine MRI dated October 8, 2013, reveals disk protrusion at several levels with degenerative changes. Findings are more prominent at C4-5, C5-6 and C6-7. Foraminal stenosis is reported bilaterally at C4-5 more on the right, severe on the right C5-6 and moderate right C6-7. Foraminal stenosis is also reported at C7-T1. Lumbar spine MRI dated October 8, 2013, reveals disk protrusion at multiple levels associated with degenerative changes and foraminal stenosis. This is seen at all levels including ; L3-4 and L4-5, being moderate to severe on the left at L4-5 and moderate on the right at L4-5. There is moderate stenosis at L3-4 and multiple level lumbar disk protrusion. The physician documents diagnoses of; intractable cervical and lumbar pain with radiculopathy, and residual right shoulder pain. The physician adjusted pain medications and requested authorization for epidural steroid injections L4-5. On October 13, 2014, the injured worker returned for evaluation to primary treating pain management physician. At this time he was complaining of significant low back pain which increases with standing, walking bending, twisting, squatting, stooping, and is associated with lower extremity numbness, tingling and weakness. Neck and upper extremity symptoms remain, including shoulder pain on the right side, and difficulty performing activity above the shoulder level. The injured worker reports a benefit of current medication regime of Oxycontin, Oxy IR, and Neurontin, but difficulty with sleep due to pain. On examination there

is tenderness and spasm of the lumbar spine with decreased range of motion. Gait is antalgic. The physician documented diagnoses of; intractable lumbar pain with radiculopathy, chronic cervical pain with radiculopathy, residual right shoulder pain, and depression and anxiety. The treating physician recommends repeating lumbar epidural injections (which are awaiting authorization), maintain current medication regime and add Robaxin to assist with spasm, stiffness and overnight sleep. Work status remains totally disabled. According to utilization review performed October 23, 2014, there has been no recent conservative therapy completed for treatment of the lumbar spine since post-operative therapy, and no specific neural compromise seen on MRI, an epidural steroid injection at L4-L5 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient have a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, lumbar epidural steroid injection at L4-5 is not medically necessary.