MAXIMUS Federal Services

Case Number:	CM14-0192579		
Date Assigned:	11/26/2014	Date of Injury:	01/28/2004
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 55-year-old female with date of injury of 01/28/2004. The listed diagnoses from the AME report from 10/06/2014 are:1. Cervical spine strain with multilevel degenerative disk disease.2. Lumbar spine strain with L4-L5, 5-m disk protrusion.3. Left shoulder impingement syndrome.According to this AME report, the patient complains of neck, left shoulder, left elbow, midback, lower back, bilateral hands, and forearm pain. She reports sharp prickling burning pain above and below the waistline radiating into the buttocks and outside of the left leg. The patient limps while walking. The examination shows normal lumbar lordosis. Straight leg raise is positive on the left at 65 degrees. No tenderness was noted. Motor exam is 5/5. Sensory examination is intact. The AME preferences a MRI of the lumbar spine from 09/11/2014 that showed 2-mm broad-based right foraminal exit zone protrusion at L3-L4, annular bulge with superimposed broad-based right paracentral protrusion at L4-L5 causing moderate right lateral recess stenosis. The documents include an AME report from 03/10/2014 and 10/06/2014 and an impairment rating report from 10/06/2014. The Utilization Review denied the request on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI times 2 (Lumbar Epidural Steroid Injection): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Epidural steroid injections (ESIs), therapeutic

Decision rationale: This patient presents with neck, left shoulder, left elbow, midback, lower back, bilateral hands, and forearm pain. The treater is requesting an LESI times 2 (lumbar epidural steroid injection). The MTUS Guidelines page 46 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain as defined by pain in the dermatomal distribution with corroborative findings of radiculopathy in an MRI. The ODG guidelines go into greater detail regarding diagnostic vs. therapeutic injections and the criteria for repeat injections indicates that the patient requires 50-70% relief of pain for at least 6-8 weeks. The records do not show any previous epidural steroid injections for the lumbar spine. In this case, the medical report requesting the LESI x2 (lumbar epidural steroid injection) is not provided for review. There is no way of knowing if this is a diagnostic or therapeutic injection. The request is for two injections and the ODG guidelines clearly state that for a repeat injection that there must be documentation of 50-70% relief of pain for at least 6-8 weeks. The treating physician has failed to submit documentation that meets the ODG criteria for repeat blocks. The request is not medically necessary.