

Case Number:	CM14-0200945		
Date Assigned:	12/11/2014	Date of Injury:	01/31/2012
Decision Date:	01/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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:

The injured worker (IW) is a 53-year-old woman with a date of injury of January 31, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left shoulder tendinitis impingement, per MRI; right and left wrist sprain/strain; left hand sprain/strain, rule out carpal tunnel syndrome; left knee internal derangement; lumbar radiculopathy, left greater than right secondary to 6 mm disc herniation at L3-L4, 7 mm herniation at L4-L5, and 1.1 cm disc herniation at L5-S1 with foraminal encroachment; right shoulder tendinitis impingement cuff tear, per MRI December 10, 2012; ganglion cyst dorsal right wrist; cervical spine strain/sprain, herniated nucleus pulposus at C3-C4, C4-C5, C5-C6, per MRI August 26, 2012; right elbow strain/sprain; and anxiety and depression. Pursuant to the Orthopedic Consultation Report dated October 8, 2014, the IW complains continued pain in the right shoulder, and cervical spine with radicular symptoms, left greater than right. She also has low back pain with numbness and tingling in the bilateral legs, all the way down to the foot. Pain is rated 6-7/10. Examination of the lumbar spine reveals flexion is 55 degrees, extension is 20 degrees, and bending to the right and left is 30 degrees. There is positive straight leg raise test at 75 degrees on the left and cross positive 90 degrees on the right. There is facet joint tenderness at L3, L4, and L5 levels bilaterally. There is paraspinals tenderness with spasms. The treating physician is requesting authorization for lumbar epidural based steroid therapeutic pain management procedure at the level of L4-L5 and L5-S1 with epidurogram. There is no documentation in the medical record that the IW has received any prior conservative care, aside from medication management. It is unclear as to whether the IW received physical therapy session for treatment to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural based steroid therapeutic pain management procedure at level L4-L5 and L5-S1 with epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural based steroid therapeutic pain management procedure at L4 - L5 and L5 - S1 with epidurogram is not medically necessary. Guidelines state epidural steroid injections are recommended as an option for radicular pain if the patient has radiculopathy documented by physical examination and is corroborated by imaging studies, if the patient has failed conservative measures to include exercise, physical methods, nonsteroidal anti-inflammatory drugs and muscle relaxants. In this case, injured worker's working diagnoses are left shoulder tendinitis/impingement; right and left wrist strain/sprain; left-hand strain/sprain; lumbar radiculopathy, left greater than right; right shoulder tendinitis impingement/cuff tear; ganglion cyst or so right wrist; cervical spine strain/strain with herniated disc; right elbow sprain/strain; and anxiety and depression. The physical examination indicates the injured worker has objective and subjective findings of radiculopathy. MRI findings corroborate radiculopathy at the respective of levels. However, the documentation is unclear as to the amount of conservative treatment the patient has received the lumbar spine injury. This includes physical therapy exercises and home exercises. The epidurogram, performed in conjunction with epidural steroid injection, is a safe and accurate therapeutic injection associated with a low frequency of untoward sequelae. Consequently, absent the appropriate preceding conservative treatment modalities (i.e. physical therapy), lumbar epidural based steroid therapeutic pain management procedure at L4 - L5 and L5 - S1 with epidurogram is not medically necessary.