

Case Number:	CM14-0203267		
Date Assigned:	12/15/2014	Date of Injury:	11/11/2003
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice, 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 63 year old male who was injured on 11/11/2003. He was diagnosed with lumbar strain, cervical strain, cervical radiculitis, lumbar radiculitis, spinal stenosis of the lumbar spine, right knee meniscus tear/degenerative joint disease/chondromalacia patella, and right shoulder injury. He was treated with surgery (shoulder, knee), medications, physical therapy, chiropractic treatments, acupuncture, and lumbar epidural injection (right L3, L4, L5 on 11/09/2012) which provided only one month of pain relief. On 2/04/2013, MRI of the lumbar spine revealed disc abnormality without significant stenosis or neural foraminal narrowing. On 5/22/2014, EMG findings suggested right S1 radiculopathy. He followed-up periodically with a general orthopedic physician to address his knee and shoulder complaint and also saw a spinal orthopedic physician separately for his neck and back complaints. On 10/21/2014, the worker was seen by his spinal orthopedic physician reporting continual low back and right leg pain, rated at 8/10 on the pain scale. He reported doing home exercises and medications as well as the TENS unit, all of which were reportedly helping to reduce his pain. He also complained of neck and upper back pain with occasional numbness of the right arm, rated 6/10 on the pain scale. Physical examination revealed BMI 35.5, slightly antalgic, tenderness over cervical/thoracic/lumbar paraspinal muscles, decreased sensation of right C5, C6, C7, C8, L4, L5, and S1 dermatomes, positive straight leg raise on right, positive slump test on right, and positive Lasegue test on right. He was then recommended epidural injections to the right L5 and S1 nerve roots, to follow-up with his pain specialist, and to follow-up with the general orthopedist, specifically for his shoulder complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection to the right L5-S1 nerve roots: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS 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 MTUS 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, 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 transforaminal 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, the reported benefit of his first epidural injection in the lumbar area (right L3, L4, L5 nerve roots) only produced a one month duration of pain reduction. This request is for a second epidural injection of the L5 and S1 nerve roots (although it is not clear if the intention of the request was for one injection of the L5-S1 disc level or two injections for each nerve root at those levels) based on physical examination findings and EMG findings. An epidural injection might seem to be a reasonable option considering the evidence of radiculopathy if it weren't for the fact that repeating an injection of the L5 level is likely to produce a similar short duration of effect as before. Therefore, the request for right lumbar epidural injection will be considered medically unnecessary. Recommendations for weight loss via dietary intervention would be a logical next step with this worker, in the opinion of the reviewer.

1 Orthopedic follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was insufficient evidence from the recent progress notes around the time of this request to suggest he required a follow-up to discuss his shoulders, which appeared to be at a maximal improvement and treated primarily with medications and without any changes in his symptoms in his shoulder reported. There was no discussion of surgical or injection intervention at the time which might warrant a return visit with the general orthopedist at the time. Therefore, the follow-up with the general orthopedic physician is not medically necessary at the time of this request, according to the evidence found in the documentation provided for review.