

Case Number:	CM15-0003042		
Date Assigned:	01/14/2015	Date of Injury:	10/05/2001
Decision Date:	03/10/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year old male, who sustained an industrial injury in 2001. He has reported neck and right shoulder pain, low back pain and right leg pain and was diagnosed with lumbago, lumbar disc disorder, pain in the limb and insomnia. Treatment to date has included radiographic imaging, psychological evaluation, laboratory studies, diagnostic studies, physical therapy, shoulder surgery, multiple epidural steroid injections (ESI) and pain medications. Currently, the IW complains of neck, right shoulder, low back and right leg pain. On February 19, 2014, the IW reported continued back pain, neck pain, right shoulder pain and right leg pain. Benefit was noted with the current physical therapy treatments however no specific improvement was documented. The treatment plan was continued including renewing pain medications and continuing physical therapy. On June 11, 2014, the symptoms continued and the treatment plan was continued. An epidural injection was recommended. On October 29, 2014, evaluation revealed the IW was wearing a back brace and TENS unit. The symptoms continued and pain medications were renewed. On December 11, 2014, it was noted a magnetic resonance image of the lumbar spine revealed mild facet hypertrophy but otherwise unremarkable. Chronic lumbar radiculopathy was noted. MRI of the thoracic spine was normal and MRI of the right shoulder revealed multiple tendinopathies and degenerative disease. A steroid injection for pain was recommended to help wean the IW off oral pain medications. On January 2, 2015, Utilization Review non-certified a request for a right lumbar 5-sacral 1 epidural block, noting the MTUS, chronic pain guidelines were cited. On January 6, 2015, the injured worker submitted an application for IMR for review of right lumbar 5-sacral 1 epidural block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 lumbar epidural block: 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 ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Pain section, Epidural steroid injections

Decision rationale: Pursuant to the ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right L5 - S1 lumbar epidural block is not medically necessary. States invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve compressions due to a herniated nucleus pulposis, this treatment often is no significant long-term functional benefit, nor does it reduce the need for surgery. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. Their use should be in conjunction with active rehabilitation efforts. The criteria for use of epidural steroid injections are enumerated in the official disability guidelines. The criteria include, but are not limited to, radiculopathy must be documented, objective findings on examination need to be present, and radiculopathy must be corroborated by imaging and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); etc. Therapeutic phase-if after the initial block/blocks are given and found to produce pain relief of at least 50 - 70% pain relief for at least 6 to 8 weeks, additional blocks may be supported. Repeat injections should be based on continued objective document the pain relief, decreased need for pain medications and functional response. In this case, the injured workers working diagnosis is chronic right shoulder pain with evidence of a type II SLAP tear. The date of injury is October 5, 2000 (15 years ago). The injured worker presented to a new pain management provider. The initial pain management consultation was performed on December 11, 2014. The treating physician indicated "the injured worker has had other pain management providers in the past will no longer treat him." The reasoning for this statement is not contained in the medical record. Subjectively, the injured worker has low back pain described as sharp that radiates to the right knee. Pain is present 100% of the time and interferes with his ability to bend at the waist, carry, lift etc. Objectively, low back as trigger points palpated at the lumbar paraspinals and buttocks region. Lower extremity examination shows a breakaway weakness at all levels in the lower extremities. Sensory examination is intact. MRI lumbar spine performed one year ago shows a mild facet hypertrophy at the lower end of the lumbar spine, otherwise unremarkable. Electrodiagnostic testing lower extremities shows a chronic right L5 radiculopathy. Prior treatment includes lumbar epidural steroid injections times three and 2004. The results of those epidural steroid injections are not contained in the medical record. The burden is on the treating physician to obtain all medical records to determine whether prior epidural steroid injections (2004) were efficacious. The statement regarding other pain management providers who will no

longer treat the injured worker is somewhat troubling and the review of all prior medical records, prior to initiating repeat/recurrent invasive techniques (epidural steroid injections) and prescribing multiple opiates is indicated. Consequently, absent all clinical documentation from prior pain management specialists to determine efficacy of prior invasive treatment and opiate narcotic usage, right L5 - S1 lumbar epidural block is not medically necessary.