

Case Number:	CM15-0105947		
Date Assigned:	06/10/2015	Date of Injury:	06/19/2008
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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 is a 62-year-old female, who sustained an industrial injury on 6/19/2008. Diagnoses have included segmental instability spondylolisthesis at L4-L5, herniated lumbar disc L4-L5 and L5-S1 with radiculopathy, cervical spine sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist and hand sprain/strain, anxiety, depression and insomnia. Treatment to date has included lumbar surgery, lumbar epidural steroid injection and medication. According to the progress report dated 4/9/2015, the injured worker complained of worsening low back pain with radiation of pain to the legs. She also complained of worsening right and left shoulder pain and neck pain. She rated the pain as 8-9/10. She reported difficulty with activities of daily living and difficulty sleeping. Exam of the cervical spine revealed tightness, spasm and muscle guarding. Exam of the lumbar spine revealed positive straight leg raise test at 75 degrees bilaterally, eliciting pain at L4, L5 and S1 dermatome distribution. There was paraspinal tenderness with paraspinal spasms noted. There was facet joint tenderness noted at the L4, L5 and S1 levels. It was noted that magnetic resonance imaging (MRI) of the lumbar spine from 2011 demonstrated disc protrusion at L4-L5 and L5-S1. Authorization was requested for a lumbar epidural-based steroid procedure at L4-L5 and L5-S1 with epidurogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural based steroid procedure at L4-L5 and L5-S1 with epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural based steroid procedure at L4 - L5 and L5 - S1 with epidurogram is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are segmental instability spondylolisthesis at L4 - L5, herniated lumbar disc L4 - L5, L5 - S1 with radiculopathy, left greater than right, status post lumbar epidural steroid injections times three, laminectomy and foraminotomy times 3; status post left knee arthroscopic surgery times two; right knee sprain strain; cervical spine sprain strain; right shoulder's sprain strain; left shoulder sprain strain; right and left elbow sprain strain with medial epicondylitis; right and left hand and wrist sprain strain; gastritis; anxiety, depression, insomnia and fibromyalgia. According to an April 9, 2015 progress note, the injured worker is status post laminectomy L4 - L5. There is tenderness to palpation over the lumbar paraspinal muscle groups with positive straight leg raising. There are chronic sensory dermatomal findings at the L4 - L5 level. The record indicates the injured worker had three prior epidural steroid injections. A review of the record does not show objective functional improvement of at least 50% and associated reduction in medication use for 6 to 8 weeks. Moreover, there is no discussion (other than within the body of the diagnosis section) of prior epidural steroid injections in the medical record. Consequently, absent clinical documentation referencing prior epidural steroid injections (lumbar) with objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks, lumbar epidural based steroid procedure at L4 - L5 and L5 - S1 with epidurogram is not medically necessary.