

Case Number:	CM15-0131109		
Date Assigned:	07/17/2015	Date of Injury:	03/11/2006
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on 3/11/06 involving her head, neck, right shoulder, elbow, left wrist, low back, right ankle from repetitive activities from 10/14/04 to 3/11/06. On 3/11/06 she fell down a flight of stairs and had loss of consciousness. She was medically evaluated, kept overnight and received pain medications. She did not recall other treatments while hospitalized. She currently complains of achy neck pain with a pain level of 6-7/10; achy right shoulder pain; bilateral elbow and hand pain with numbness and pins and needle sensation; achy stabbing low back pain (7/10); achy bilateral knee pain (6/10); achy right ankle pain (7/10). Medications are helpful with pain. She is currently working. On physical exam there was tenderness on palpation about the thoracic and lumbar paraspinal muscles and spasm with decreased range of motion; there was tenderness about the right shoulder with acromioclavicular joint pain with decreased range of motion. Medications were Zoloft, Xanax, Norco, tizanidine, omeprazole, cyclobenzaprine, ibuprofen, Tramadol. Diagnoses include status post right shoulder arthroscopic surgery (2008); status post right knee arthroscopic surgery (2008); status post left and right carpal tunnel release (2010). Treatments to date include L4-5 lumbar epidural and steroid injection (12/17/14) with good pain relief (50% pain relief for six weeks, 50% increase in functional ability per 5/11/15 progress note); right knee cortisone injections; physical therapy; massage therapy; heating pad; exercise; electrical stimulation; acupuncture (therapies were of little benefit per 3/5/15 note); psychiatrist evaluation; psychotherapy; vocational therapy; group therapy; medications which are helpful. MRI (2008) with abnormal findings; MRI right ankle (6/10/15) showing small joint effusion. In the progress

note dated 5/11/15 the treating provider's plan of care includes a request for right L4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 epidural steroid injection under fluoroscopy guidance: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in March 2006 and continues to be treated for radiating back pain. A lumbar epidural injection in December 2014 is referenced as providing 50% pain relief with improved function lasting for six weeks. An interlaminar injection was performed including use of fluoroscopy and contrast showing excellent flow of the injectate medications. When seen, straight leg raising was positive. There was decreased lower extremity sensation. A high field strength MRI of the lumbar spine on 05/21/15 showed facet arthropathy with effusions without evidence of neural compromise. Authorization for a repeat lumbar epidural steroid injection was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant had pain relief with improved function after the lumbar epidural steroid injection performed in December 2014. She has positive straight leg raising and decreased lower extremity sensation consistent with radiculopathy. However, recent imaging obtained since the prior injections does not corroborate a diagnosis of lumbar radiculopathy. A repeat lumbar epidural steroid injection was not medically necessary.