

Case Number:	CM15-0131426		
Date Assigned:	07/17/2015	Date of Injury:	10/08/2013
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female, who sustained an industrial injury on 10/8/2013. She reported falling from a ladder, injuring her right shoulder, neck, low back and right leg. Diagnoses have included status post multiple falls with multi-body injury, right shoulder sprain-strain, right shoulder contusion, right shoulder rotator cuff injury, lumbosacral sprain-strain, lumbosacral contusion, and lumbosacral disc injury. Treatment to date has included right shoulder surgery with post-op physical therapy and medication. According to the progress report dated 5/27/2015, the injured worker complained of having a severe flare-up of pain and discomfort in her low back and right leg. She reported going to the emergency department due to severe pain and discomfort. Objective findings revealed positive straight leg raise on the right. There was decreased light touch sensation of the right leg. There was lumbosacral tenderness to palpation with painful range of motion. Motor strength was slightly decreased on the right side. The injured worker was temporarily very disabled. Authorization was requested for lumbar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: The patient presents with pain in low back and right lower extremity. She also has right shoulder pain. In regards to the lower back, she continues to have numbing and tingling that radiates into the hip as well as into the right lower extremity and into the foot. The request is for LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE. The request for authorization is not provided. The patient is status post right shoulder surgery, 12/23/14. Physical examination of the lumbar spine reveals lumbosacral tenderness to palpation is noted with painful range of motion. Straight leg raising is positive on the right side and negative on the left side. Deep tendon reflexes are 2+ in bilateral lower extremities. Motor strength is slight decreased in the right side with knee extension and flexion as well as hip extension and flexion on the right side compared to the left side. She also has decreased sensation in right L4-L5 distribution compared to the left side. According to the patient, she has severe flare-up of pain and discomfort in her low back and right leg. She ended up in the emergency room due to severe pain and discomfort. I encouraged the patient to do exercises at home. She is still recovering from the surgery and is doing physical therapy treatment. Patient's medications include Vicodin and Ketoprofen Cream. Per progress report dated 05/19/15, the patient is temporarily very disabled. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 05/27/15, the treater's reason for the request is "for severe pain." Review of medical records show no evidence of a prior Lumbar Epidural Injection. Physical examination of the lumbar spine reveals lumbosacral tenderness to palpation is noted with painful range of motion. Straight leg raising is positive on the right side and negative on the left side. Motor strength is slight decreased in the right side with knee extension and flexion as well as hip extension and flexion on the right side compared to the left side. She also has decreased sensation in right L4-L5 distribution compared to the left side. In this case, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings. However, neither imaging studies nor electrodiagnostic testing was provided for review. Per progress report dated 11/17/15, treater states, "the patient has had CT done but not MRI. She is waiting authorization for MRI of lumbar spine as well as EMG of bilateral lower extremities." The CT study or its findings were not provided for review, either. Therefore, given the lack of imaging studies to corroborate radiculopathy, the request IS NOT medically necessary.