

Case Number:	CM15-0138583		
Date Assigned:	07/28/2015	Date of Injury:	03/24/2014
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 62-year-old female, who sustained an industrial injury on 3/24/14. The injured worker has complaints of lower back pain; bilateral hip pain with spasms radiating downwards to toes and bilateral shoulder pain with lifting and moving arms. The diagnoses have included cervical strain; bilateral shoulder sprain; lumbosacral strain and lumbar radiculopathy, L5 and S1 (sacroiliac). Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 8/8/14 showed dextrose scoliosis of the lumbar spine associated with asymmetric discogenic disease from L3-S1 (sacroiliac), this is severe on the right at L4-5 resulting in severe right neural foraminal stenosis; bilateral shoulder X-rays on 10/21/14 showed normal bone density and detail no evidence of fracture, dislocation or osteoarthritis; lumbosacral spine X-rays on 10/21/14 showed multilevel degenerative disc changes and scoliosis; pelvic X-rays on 10/21/14 showed normal bone density and detail no evidence of fracture, dislocation or osteoarthritis; electromyography of right lower extremity revealed findings suggestive of right L5 and/or S1 (sacroiliac) acute nerve root involvement; acupuncture and medications. The request was for epidural steroid injection at bilateral L4-5, L5-S1 (sacroiliac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at Bilateral L4-5, L5-S1: Upheld

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. MRI dated 8/8/14 revealed dextrose scoliosis of the lumbar spine associated with asymmetric discogenic disease from L3-S1. This is severe on the right at L4-L5 resulting in severe right neural foraminal stenosis, degenerative facet arthropathy from L2-S1, severe at L3-L4 and L5- S1. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Clinical findings of radiculopathy were not documented. MRI findings did not note stenosis at the requested level of L5-S1 or left L4-L5. As the first criteria were not met, the request is not medically necessary.