

Case Number:	CM15-0140240		
Date Assigned:	07/30/2015	Date of Injury:	04/18/2011
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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 was a 39 year old female, who sustained an industrial injury, April 18, 2011. The injured worker previously received the following treatments bilateral C5-C6 and C6-C7 Cervical epidural steroid injection, Norco, Ibuprofen, physical therapy, manipulation and acupuncture. The injured worker was diagnosed with multilevel disc protrusions of the lumbar per MRI, spine, lumbar facet syndrome, lumbar spine strain and or strain, lumbar radiculitis and or radiculopathy, multilevel disc protrusion of the cervical spine, cervical myofascial, cervical radiculopathy, impingement syndrome of the bilateral shoulders and decreased sleep. According to progress note of May 29, 2015, the injured worker's chief complaint was neck and low back pain. The injured worker rated the pain in the neck at 7 out of 10. The pain was described as 7 out of 10 moderate, throbbing with radiation into the bilateral shoulders. The low back pain was rated at 6 out of 10. The pain was described at throbbing, low back pain with radiation to the bilateral lower extremities with tingling and cramping. The left shoulder pain was rated 6 out of 10 and the right was 7 out of 10. The physical exam if the lumbar range of motion was decreased and painful. There was 3 plus tenderness with palpation of the paravertebral muscles. There were spasms at the lumbar paravertebral muscles. The sitting straight leg raises caused pain bilaterally in the lower extremities. The Kemp's testing cause pain bilaterally. The treatment plan included epidural steroid injection to L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, epidural steroid injection L5-S1 are 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 electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's 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 diagnosis is lumbar strain. The date of injury is April 18, 2011. Request for authorization is June 30, 2015. The medical record contains 651 pages. There are three progress notes in the medical record. The remaining documentation consists of utilization reviews. There is no documentation in the medical record by the requesting provider for an epidural steroid injection. As a result, there is no clinical indication or rationale for the epidural steroid injection. The utilization review states the injured worker had two prior epidural steroid injections. One epidural steroid injection was performed January 16, 2012 and the second was performed May 14, 2012. There is no documentation in the medical records indicating objective functional improvement with percent improvement and duration of improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation from the requesting provider with a clinical indication and rationale and no documentation demonstrating objective functional improvement from prior epidural steroid injections, epidural steroid injection L5-S1 are not medically necessary.