

Case Number:	CM15-0141366		
Date Assigned:	07/31/2015	Date of Injury:	03/18/2011
Decision Date:	08/27/2015	UR Denial Date:	07/10/2015
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: 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 59 year old female, who sustained an industrial injury on 3-18-11 Initial complaints were of cumulative type trauma. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; aquatic therapy; acupuncture; lumbar epidural steroid injections (April and May 2014); medications. Diagnostics studies included MRI cervical and lumbar spine (12-15-13); EMG/NCV study lower extremities (4-1-15). Currently, the PR-2 notes dated 6-12-15 are hand written and difficult to decipher. These notes indicated the injured worker complains of 2 over 10 pain to right elbow continuous with discomfort and pain to the bilateral wrists left greater than the right. It is noted positive for throbbing sensation and constant pain to the lumbar spine with radiculopathy to the right lower extremity with tingling. The provider notes the injured worker is taking Naproxen and Tramadol. Objective findings are positive for bilateral paraspinal cervical region and tender to palpation. There is positive left and negative right Spurling's test. There is decreased left C6 sensation and right C7 sensation. The lumbar spine notes positive for paralumbar tender to palpation with positive right straight leg raise. A review of medical records report dated 1-31-15 reports finding of prior MRI of cervical and lumbar spine. It also notes a recent EMG/NCV study of the lower extremities dated 4-1-15 impression indicated nerve conduction study of the bilateral lower extremity is without electrodiagnostic evidence for a peripheral polyneuropathy. The electromyography of the bilateral lower extremity indicates the lumbar thoracic paraspinal muscles are without active or chronic denervation potentials to suggest a motor lumbosacral or

thoracic radiculopathy at this time. The provider is requesting authorization of repeat epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat epidural steroid injection: Upheld

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

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 sustained a work injury in March 2011 and continues to be treated for radiating low back pain. Treatments have included to lumbar epidural steroid injections in 2014. An MRI of the lumbar spine in December 2013 included findings of multilevel disc protrusions with foraminal and canal stenosis. Electrodiagnostic testing in April 2015 was negative for radiculopathy. When seen, there was lumbar paraspinal muscle tenderness with positive right straight leg raising. There was decreased right lower extremity sensation. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree and duration of any pain relief following the previous two injections is not documented. The requested repeat lumbar epidural steroid injection is not medically necessary.