

Case Number:	CM15-0149663		
Date Assigned:	08/12/2015	Date of Injury:	08/15/2012
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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 60 year old male, who sustained an industrial injury on 8-15-12. The injured worker has complaints of pain in both hands and persistent neck and back pain. The diagnoses have included bilateral wrist probable carpal tunnel syndrome; bilateral thumb possible early and mild metatarsophalangeal joint and carpometacarpal (CMC) joint osteoarthritis and bilateral hand fracture and malunions. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 2-20-15 showed no significant change compared to old study done in 2012, C3-4, there is narrowing of the right side of the central canal and of the entryway into the right neural foramen by bulging disc and osteophytes; magnetic resonance imaging (MRI) of the lumbar spine on 2-20-15 showed L1-2, L2-3, L3-4 and L4-5 has no loss of disc height or signal intensity, no disc protrusion or nerve root compression, L5-S1 (sacroiliac) loss of disc height and signal intensity and there is a 3 millimeter anterolisthesis due to degenerative facet joint disease with secondary foraminal narrowing by bulging disc which may efface the exiting L5 nerve roots; injections; electromyography/nerve conduction study was attempted but unable to complete secondary to the injured worker's comfort level and injections. The request was for lumbar epidural steroid injection (level not given).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (level not given): 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in August 2012 as the results of a traumatic brain injury. An MRI of the lumbar spine in February 2015 included findings of L5/S1 anterolisthesis with foraminal narrowing affecting the L5 nerve roots. Treatments have included physical therapy and epidural steroid injections done through the VA system. He was seen on 07/01/15. He had undergone a third cervical epidural steroid injection earlier that day and had undergone three lumbar epidural steroid injections that year with a fourth injection scheduled in August 2015. Physical examination findings included decreased lumbar range of motion with tenderness. Strength, sensation, and reflexes were normal. Authorization for a 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 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, when requested there were no physical examination findings that support a diagnosis of radiculopathy. The degree and duration of any pain relief following the previous injection is not documented. The requested repeat lumbar epidural steroid injection is not medically necessary.