

Case Number:	CM15-0191615		
Date Assigned:	10/05/2015	Date of Injury:	11/13/2011
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 November 13, 2011. The injured worker was diagnosed as having bilateral shoulder strain with rule out tendinitis, rotator cuff tear, and impingement syndrome; bilateral elbow sprain and strain, with rule out lateral epicondylitis; sprain and strain of the right wrist with dorsal subluxation of the distal ulna, rule out internal derangement, rule out triangular fibrocartilage complex tear; bilateral hand sprain and strain with rule out tendonitis and carpal tunnel syndrome; and lumbar spine disc protrusion at lumbar four to five as noted on magnetic resonance imaging from March 27, 2012. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, physical therapy, and electromyogram with nerve conduction study. In a progress note dated August 21, 2015 the treating physician reports complaints of pain to the low back that radiates to the legs with numbness and shoulder with stiffness along with numbness to the hands. Examination performed on August 21, 2015 was revealing for decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, spasm and tightness to the lumbar paraspinal muscles bilaterally, hypoesthesia to the foot and ankle along the lumbar five and sacral one dermatome levels bilaterally, and weakness to the big toes bilateral. The injured worker's pain level on August 21, 2015 was rated a 9 on a scale of 1 to 10. The medical records provided included operative report from lumbar epidural steroid injections with facet blocks performed on July of 2014 and January of 2015. On August 21, 2015 the treating physician requested the last lumbar epidural steroid injection (ESI) at lumbar four to five with the treating physician noting a decrease in the injured worker's pain by

50%, but the treating physician noted that the injured worker's "residual pain has persisted despite rest, use of oral anti-inflammatories and pain medications" (with pain medications not listed)," and a course of physiotherapy" (with the quantity of physiotherapy unknown). The treating physician further included that "magnetic resonance imaging scans (date not listed) have demonstrated evidence of degenerative lumbar disc disease with herniated nucleus pulposus at the lumbar four to five level. Electromyogram with nerve conduction study (date not listed) have demonstrated bilateral lumbar five radicular findings". On September 02, 2015, the Utilization Review determined the request for a third lumbar epidural steroid injection (ESI) at lumbar four to five to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third lumbar epidural steroid injection (ESI) at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are to be performed in those with radiculopathy demonstrated on imaging and exam. In this case, the claimant has both. In addition, the claimant did respond to ESIs in the past with over 7 months of benefit greater than 50%. The symptoms are in the L4-L5 region. The request for additional ESI is medically necessary.