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| Case Number: | CM15-0194362 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 07/16/2009 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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:

This is a 31 year old female who sustained an industrial injury on 7-16-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc bulge, lumbar spine disc rupture, right and left shoulder strain, right elbow strain, left elbow internal derangement and carpal tunnel syndrome. Medical records (7-14-2015 to 8-12-2015) indicate ongoing pain in the neck, lower back, right and left shoulder, right and left elbow and right and left hand. Progress reports were hand written and difficult to decipher. According to the progress report dated 7-14-2015, the injured worker had worsening neck and low back pain. She reported difficulty with activities of daily living and worse leg numbness. Physical exam (7-14-2015) revealed lumbar spine tenderness with positive straight leg raise on the right. Treatment has included carpal tunnel surgery and medications. The request for authorization was dated 8-12-2015. The original Utilization Review (UR) (9-8-2015) denied a request for a lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Upheld

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

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

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for neck, low back, and bilateral shoulder, elbow, and hand pain. When seen, she was having worsening neck and low back pain. She was having difficulty with activities of daily living. She had worsening leg numbness. Physical examination findings included lumbar spine tenderness with positive right straight leg raising. There was decreased L5 and S1 sensation on the right more than left side. There was decreased lower extremity strength. Recommendations included cervical and lumbar epidural injections. Prior treatments have included neuroplasty epidural decompression with Kenalog, Wydase, and Lidocaine in September and October 2011. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in a dermatomal distribution. In this case, the claimant had complaints of neck and back pain without reported radicular pain. Additionally, the claimant underwent lumbar epidural procedures in 2011. A repeat epidural steroid injection would 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 epidural procedures is not documented. For these reasons, the request is not medically necessary.