

Case Number:	CM15-0196534		
Date Assigned:	10/12/2015	Date of Injury:	12/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 26 year old female who sustained an industrial injury on December 02, 2014. A recent pain management follow up visit dated September 11, 2015 reported subjective complaint of "neck, lower back and left wrist pain." The pain is characterized as sharp, shooting, locking sensation. The condition is associated with cramps, muscle spasms, numbness left lower back, pins and needles, weakness upper and lower extremities, heartburn and constipation. She states "medications are less effective." She also reported side effects with the use of Ultracet having headaches with associated sharp pain for which she discontinued using the Ultracet and states last took "a month ago." She further states "diclofenac sodium is not effective." Current medications listed: Flexeril, Diclofenac Sodium, Lidopro ointment, Pantoprazole, Senna, Tylenol EX, and Ultracet. The following diagnoses were applied to this visit: sleep disturbance, not otherwise specified; lumbar disc displacement without myelopathy; cervicgia; thoracic and or lumbosacral neuritis or radiculitis not otherwise specified, and tenosynovitis of hand and wrist not elsewhere classified. She was prescribed Naproxen and Norco and refilled with Flexeril and Pantoprazole. The following were noted discontinued this visit: Diclofenac Sodium, LidoPro ointment and Ultracet. On physical exam, there is decreased sensation on lateral calf on right side as well as decreased range of motion. The plan of care noted continuing with chiropractic session; would be a good candidate for a functional restoration program; and neurological evaluation. There is also requesting recommendation for a lumbar epidural steroid injection. Previous treatment to include: activity modification, medications oral and topical, acupuncture, chiropractic care and physical therapy session. Pain management visit dated March

11, 2015 reported the plan of care with recommendation for injection therapy. On September 22, 2015 a request was made for a lumbar epidural steroid injection that was noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, lumbar: Overturned

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: According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." From my review of the records, the IW has both subjective exam evidence and physical exam evidence of radiculopathy that has not improved with conservative therapy and would benefit from an epidural injection. Consequently, the requested epidural steroid injection is medically necessary.