

Case Number:	CM15-0197067		
Date Assigned:	10/12/2015	Date of Injury:	08/03/2012
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury on 8-3-12. The injured worker reported discomfort in the lower back and leg. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine strain herniated nucleus pulposus L5-S1 and stenosis at L4-5, left shoulder tendonosis labral tear and right shoulder partial thickness cuff tear. Medical records dated 9-16-15 indicate pain rated at 4 out of 10. Provider documentation dated 9-16-15 noted the work status as modified duty. Treatment has included nonsteroidal anti-inflammatory drugs since at least April of 2015, Tramadol since at least April of 2015, and a MR shoulder right (4-24-15). Objective findings dated 9-16-15 were notable for right straight leg raise positive, positive tenderness to lumbar and bilateral shoulders, muscle spasms in paraspinal musculature, decreased lumbar spine range of motion, bilateral shoulders with decreased range of motion. The original utilization review (9-25-15) denied a request for 1 lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at L5-S1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one lumbar epidural steroid injection at L5-S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief HNP decreased need for pain medications and functional response...etc. See the guidelines for details. The injured worker's working diagnoses are LS strain, HNP L5 - S1 and stenosis at L4 - L5; left shoulder tendinosis, labral tear; and right shoulder partial thickness cuff tear. Date of injury is August 3, 2012. Request for authorization is September 22, 2015. According to a September 16, 2015 progress note, the injured worker complains of leg pain, which is worse and ongoing persistent low back pain. Additional complaints include left shoulder pain. There is numbness and weakness present. Objectively, the documentation states there is normal reflex, sensory and power testing to the bilateral upper and lower extremities. The treating provider indicates there is numbness and weakness on the right L5 and S1. These are subjective complaints with no specificity for motor weakness or sensory deficit. There is no objective documentation of radiculopathy on physical examination. There was no documentation of failed conservative treatment (physical therapy or failed medications). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with objective evidence of radiculopathy on physical examination and no documentation of failed conservative treatment (physical therapy), one lumbar epidural steroid injection at L5-S1 is not medically necessary.