

Case Number:	CM15-0204844		
Date Assigned:	10/21/2015	Date of Injury:	01/28/2014
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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 49 year old female, who sustained an industrial injury on January 28, 2014, incurring right shoulder and low back injuries. She was diagnosed with lumbar disc disease and radiculopathy, and right shoulder adhesive capsulitis and calcific tendinitis. Treatment included pain medications, shoulder injections, activity modification, physical therapy, shockwave therapy, stretching, heat and home exercise program. Currently, the injured worker complained of continued right shoulder pain and low back pain. She rated her pain 6 out of 10 on a pain scale from 1 to 10. She had difficulty rising from a seated position, spasms and tenderness over the right sacroiliac joint. She noted reduced range of motion of the right shoulder and decreased shoulder strength. On September 16, 2015, a Magnetic Resonance Imaging of the lumbar spine revealed disc space narrowing and lumbosacral protrusion. She was diagnosed with lumbar radiculopathy, sacroiliitis and right shoulder pain. The treatment plan that was requested for authorization included epidural steroid injection of the lumbar spine with intravenous sedation. On September 30, 2015, a request for a lumbar spine epidural steroid injection with intravenous sedation was modified to an epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5 with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation AMA Guides (Radiculopathy). Article "Avoiding Catastrophic Complications from Epidural Steroid Injections".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in January 2014 when carrying a bucket of lilies and is being treated for low back pain with lower extremity radiating symptoms. An MRI of the lumbar spine in September 2015 showed findings of slight regression of a left paramedian disc protrusion. There was no significant neural compromise. The claimant was seen for an initial evaluation by the requesting provider on 09/22/15. She was having low back pain shooting into both legs. Physical examination findings included decreased lumbar range of motion. There was decreased lower extremity sensation with positive right straight leg raising. An epidural steroid injection with sedation was requested. There was no noted past medical history and review of systems was negative for psychiatric problems such as anxiety. 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 this case, the claimant is having radicular symptoms and the requesting provider documents decreased lower extremity sensation and positive straight leg raising. However, recent imaging was negative for any neural compromise. There is no indication for the use of sedation, which is also being requested. For either of these reasons, the request is not medically necessary.