

Case Number:	CM15-0209305		
Date Assigned:	10/28/2015	Date of Injury:	07/17/2000
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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 61 year old male who sustained an industrial injury on 7-17-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative joint disease-degenerative disc disease, history of radiculopathy and bilateral shoulder rotator cuff tendonitis-bursitis. According to the progress report dated 10-7-2015, the injured worker complained of lower backache and bilateral shoulder pain. He rated his pain with medications as 8 out of 10 and without medications as 10 out of 10. It was noted that his activity level had decreased. The injured worker reported radiating numbness down the bilateral lower extremities - posterior aspect of leg to plantar aspect of foot to all toes. Objective findings (10-7-2015) revealed positive lumbar facet loading maneuvers bilaterally. Straight leg raise in the seated and supine position was positive on the left. Motor strength revealed weakness in the bilateral toe extension at 4 out of 5. There was decreased sensation over the left L5 dermatome of the lower extremity. Treatment has included physical therapy, lumbar epidural steroid injection (with no significant pain relief), steroid injection to shoulder and medications. A trial of Celebrex was ordered on 9-9-2015. The request for authorization was dated 10-14-2015. The original Utilization Review (UR) (10-16-2015) denied a request for bilateral L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The claimant has a remote history of a work injury in July 2000 when he injured his low back while lifting a washing machine and he slipped. Lumbar epidural steroid injections in September and November 2008 are referenced as providing no significant pain relief. When seen in October 2015 he had bilateral shoulder pain and a low backache. Pain was rated at 8/10 with medications. Physical examination findings included a body mass index over 31. There was decreased lumbar range of motion with positive facet loading bilateral and positive left straight leg raising. There was decreased bilateral first toe extension strength and decreased left lower extremity sensation in an L5 distribution. An MRI of the lumbar spine in July 2009 included findings of left lateralized disc bulging and foraminal narrowing at L5/S1. Bilateral L5 transforaminal epidural steroid injections were requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree and duration of any pain relief following the previous injection is not documented. The requested repeat lumbar epidural steroid injection is not considered medically necessary. In this case, there are no reported radicular complaints and two prior epidural steroid injections provided no significant pain relief. The request for repeat epidural steroid injections is not medically necessary.