MAXIMUS Federal Services

Case Number:	CM15-0030232		
Date Assigned:	02/23/2015	Date of Injury:	03/08/2007
Decision Date:	04/17/2015	UR Denial Date:	02/08/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on 03/08/2007. She reported pain to the neck that radiated to the bilateral shoulder, arms, and hands with associated symptoms of numbness and tingling to all fingers in both hands. The injured worker was diagnosed as having lumbar degenerative disc disease, carpal tunnel syndrome, internal derangement of the knee, sprain of the ankle, and acute bilateral cervical spine radiculopathy at cervical six. Treatment to date has included electromyogram with nerve conduction study of the upper extremities that revealed cervical radiculopathy and magnetic resonance imaging of the cervical spine. In a progress note dated 01/20/2015 the treating provider reports tenderness to the bilateral trapezius muscles, the bilateral posterior glenoid, the right anterior glenoid, the left lateral epicondyle, the medial joint line of the right knee, and tenderness with bilateral shoulder abduction. The treating physician also noted that the injured worker had an antalgic gait. Physical examination of the lumbar spine revealed tenderness on palpation, positive Lasegue's test, limited range of motion. The patient has had EMG of LE on 10/19/09 that revealed no radiculopathy and MRI of the low back revealed no disc bulge at L4-5 and disc protrusion at L2-4 on 8/28/12. Any surgery or procedures related to this injury were not specified in the records provided. Other therapy done for this injury was not specified in the records provided. The current medication list was not specified in the records provided

IMR ISSUES, DECISIONS AND RATIONALES

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

Left epidural steroid injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: Left epidural steroid injection L4-5. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline, criteria for ESI are: 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). The patient has had EMG of LE on 10/19/09 that revealed no radiculopathy and MRI of the low back revealed no disc bulge at L4-5 and disc protrusion at L2-4 on 8/28/12. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing was not specified in the records provided. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. With this, it is deemed that the medical necessity of request for Left epidural steroid injection L4-5 is not fully established for this patient.