

Case Number:	CM15-0032008		
Date Assigned:	02/25/2015	Date of Injury:	05/09/1997
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 5/9/97. She has reported pain in the neck, elbows, hands and back. The diagnoses have included carpal tunnel syndrome, epicondylitis of the elbow, lumbar strain and cervical strain. Treatment to date has included lumbar MRI, physical therapy, EMG/NCV studies, carpal tunnel surgery and oral medications. As of the PR2 dated 1/19/15, the injured worker reports pain in the neck, elbows, hands and back. The treating physician noted mild tenderness at the right sacroiliac joint and mild movement restriction in all directions. The treating physician requested a Lumbar Epidural Steroid Injection (ESIs) Under Fluoroscopy for the L5-S1 Spine. On 2/6/15 Utilization Review non-certified a request for a Lumbar Epidural Steroid Injection (ESIs) Under Fluoroscopy for the L5-S1 Spine. The utilization review physician cited the MTUS guidelines for chronic pain and epidural steroid injections. On 2/18/15, the injured worker submitted an application for IMR for review of a Lumbar Epidural Steroid Injection (ESIs) Under Fluoroscopy for the L5-S1 Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESIs) Under Fluoroscopy for the L5-S1 Spine:

Overtuned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient was injured on 05/09/97 and presents with low back pain and bilateral leg pain. The request is for LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY FOR THE L5-S1 SPINE. The RFA is dated 02/03/15 and the patient is on partial temporary disability. "Activity restrictions include no lifting of greater than 10 pounds with the left arm, lifting of greater than 10 pound on the right arm, repetitive manipulation, repetitive motion, pulling, pushing, no repetitive keyboarding." Review of the reports provided does not indicate if the patient had a prior ESI of the lumbar spine. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" In therapeutic phase, repeat block 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 with a general recommendation of no more than 4 blocks per region per year. The 08/01/14 MRI of the lumbar spine revealed degenerative change with central disc protrusion measuring 5 mm at L5-S1 causing minimal dural compression and minimal bilateral neural foraminal stenosis. The patient has low back and bilateral leg pain, numbness, and tingling. There is mild-moderate tenderness in the right lumbar paraspinal area, mild-moderate tenderness of the right SI joint, mild-moderate generalized piriformis tenderness, and movement mildly restricted in all directions. Given the patient's clear radicular symptoms, exam findings and MRI showing foraminal stenosis at L5-S1, a trial of Lumbar ESI appears reasonable. The request IS medically necessary.