

Case Number:	CM15-0039675		
Date Assigned:	03/09/2015	Date of Injury:	09/02/1998
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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 September 2, 1998. The injured worker had reported back, neck and bilateral shoulder injuries. The diagnoses have included lumbar spine sprain, rotator cuff syndrome, chronic pain syndrome, lumbago, impingement syndrome, post-laminectomy syndrome-lumbar, post-laminectomy syndrome-cervical and cervical spondylosis without myelopathy. Treatment to date has included medications, radiological studies, psychiatric consultation, activity modification, sacroiliac joint injection, spinal consultation, lumbar support, physical therapy to the shoulders, low back surgery times two, a cervical fusion and left shoulder surgery. Current documentation dated January 19, 2015 notes that the injured worker complained of constant back pain radiating into the bilateral lower extremities. Associated symptoms included weakness and numbness of both legs. The injured worker also reported constant sharp neck pain with radiation to the shoulders. Associated symptoms included waking at night, stiffness, numbness and tingling. She also noted intractable shoulder pain. The injured worker was receiving physical therapy for the left shoulder. The injured worker had significant limitations related to the shoulder. The treating physician's recommended plan of care included a request for lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (ESI) at L4-5 x3: Upheld

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

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

Decision rationale: The patient was injured on 09/02/98 and presents with midback pain, low back pain, bilateral shoulder pain, and neck pain. The request is for OUTPATIENT LUMBAR SPINE EPIDURAL STEROID INJECTION AT L4-5 TIMES 3. There is no RFA provided and as of 02/02/15, the patient is to remain off work. The 10/20/14 MRI of the lumbar spine revealed that at L4-5, there is a 2 mm broad-based disc bulging with a more focal 3 mm of central disc bulging, mild effacement of the thecal sac, and there is mild facet arthropathy and mild narrowing of the lateral recesses and foramen, but no definite neural contact. There is no indication of any prior ESIs the patient may have had. 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." Furthermore, MTUS guidelines do not recommend a series of three ESIs. The patient has constant back pain radiating into the bilateral lower extremities with weakness/numbness of both legs. She is diagnosed with post laminectomy lumbar spine, post laminectomy cervical, impingement syndrome, and cervical spondylosis with myelopathy. Review of the reports provided does not indicate if the patient had a prior ESI of the lumbar spine. In this case, the treater is requesting for a series of 3 lumbar epidural steroid injection at L4-5, which is not indicated by MTUS guidelines. The requested lumbar epidural steroid injection IS NOT medically necessary.