

Case Number:	CM15-0084431		
Date Assigned:	05/06/2015	Date of Injury:	01/12/2010
Decision Date:	06/23/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51 year old female who sustained a work related injury January 12, 2010. According to a primary treating physician's progress report, dated March 2, 2015, the injured worker presented with continued numbness in the hands, pain in the cervical spine and lumbar spine, as well as bilateral shoulder pain, right greater than left. The pain in her neck radiates into the shoulders and arms equally, with numbness and tingling, as well as weakness. The pain in the low back radiates into the legs, with weakness numbness and tingling, left greater than right. There is stabbing shoulder pain with a burning sensation in the back and weakness in both upper and lower extremities. Diagnoses included herniated cervical disc; herniated lumbar disc; median nerve neuropathy; carpal tunnel syndrome. Treatment plan included medications and request for authorization for lumbar epidural steroid injection at levels L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at levels L3-4, L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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." MTUS further defines the criteria for epidural steroid injections to include: 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does not appear to be documented in the available medical record with any imaging studies. The patient is taking opioid analgesics, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications only noting that the Norco helps somewhat. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed. There were also no objective findings documented to specify the dermatomal distribution of pain. A prior lumbar epidural injection is noted but objective documentation of pain and functional improvement is not (>50%). Lastly this request is for injection at three levels which exceeds the recommendation for a single procedure. As such, the request for Lumbar Epidural Steroid Injection at levels L3-4, L4-5 and L5-S1 is not medically necessary.