

Case Number:	CM14-0177159		
Date Assigned:	10/30/2014	Date of Injury:	06/27/2006
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female with a 6/27/06 date of injury. According to a progress report dated 10/1/14, the patient rated her low back pain as a 7/10, cervical pain as a 6/10, and right shoulder pain as a 5/10. She indicated that medications improve her activities of daily living and facilitated maintenance of recommended exercise level. A 9/10/14 report refers to an undated lumbar MRI which revealed significant neural encroachment L5-S1. Objective findings: tenderness of lumbar and cervical spine, limited range of motion with pain, spasm of lumboparaspinal musculature and cervical trapezius/cervical paraspinal musculature less pronounced. Diagnostic impression: neural encroachment L5-S1 with radiculopathy, retrolisthesis L5 on S1, protrusion C5-6 with radiculopathy, right shoulder impingement, left shoulder pain, right lateral epicondylitis of elbow, right and left third finger triggering. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/10/14 denied the request for lumbar ESI L5-S1. The records available do not include a lumbar MRI report and do not clearly discuss the implications of the EMG/NCV findings in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In fact, she indicated that medications improve her activities of daily living and facilitated maintenance of recommended exercise level. A 9/10/14 report refers to an undated lumbar MRI which revealed significant neural encroachment L5-S1. However, the official MRI report was not provided for review to corroborate the medical necessity for the requested service. In addition, there were no subjective and objective findings of radiculopathy documented by clinical history and examination. Therefore, the request for Lumbar Epidural Steroid Injection L5-S1 was not medically necessary.