

Case Number:	CM14-0184708		
Date Assigned:	11/12/2014	Date of Injury:	03/03/2002
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 49-year-old female with complaints of right shoulder and LBP with radiation to LLE with numbness and tingling. The date of injury is 03/03/02 and the mechanism of injury was not documented. At the time of request for Bilateral L3-L4, L4-L5 ESI, there are subjective (right shoulder and LBP with radiation to LLE with numbness and tingling, 3/10 with meds and 9-10/10 w/o meds.), objective (Right shoulder exam showed TTP over the AC joint, greater than 50% restriction to abduction and internal and external rotation. Low back exam showed bil paraspinous tenderness, left greater than right with 1+ muscle spasms, and limited ROM secondary to pain. L-spine ROM showed extension and left and right lateral rotation at 10, and flexion at 40; positive SLR on the left at 30; hyperesthesia over the left posterolateral calf), findings, imaging/other findings (L-spine CT from 5/7/13, mild disc bulges at L2-3 and L3-4 with no significant central or foraminal stenosis. CT myelogram reveals disk prostheses at L4-5 and L5-S1 with right-sided L4-5 lateral recess stenosis and stenosis secondary to disk protrusion at L3-4, which is moderate and milder at L2-3, facet hypertrophy, bilateral, at L4-5 and L5-S1. S/P disk replacement, L4-5, L5-S1. UDS positive for Hydrocodone, Hydromorphone, and Norhydrocodone), current medications (Norco, Lyrica, Pristiq, Omeprazole, and Lidoderm Patches), diagnoses (s/p L4-L5 and L5-S1 artificial disc replacement, BLE neuropathic pain, chronic pain syndrome, Chronic thrombophlebitis, history of LLE DVT, and chronic anticoagulation with Plavix and aspirin 81 mg, depression secondary to chronic pain syndrome, history of gastritis, dyspepsia, and PUD secondary to meds, and history of right shoulder Fx), treatment to date (artificial disc replacement at L4-5 and L5-S1 and vascular stent placement; greater than 50% improvement in pain and function with the use of meds; cortisone injection to bursa; PT; and acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5 Epidural Steroid Injection: Upheld

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 Epidural Steroid Injections Page(s): 46.

Decision rationale: As per CA MTUS guidelines, 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. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, mainly there is no recent examination submitted as well as there is no clear evidence of bilateral radiculopathy on the exam that was submitted (one year old). There is no clear imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the request for Bilateral L3-L4, L4-L5 Epidural Steroid Injection is not medically necessary.