

Case Number:	CM14-0083392		
Date Assigned:	07/21/2014	Date of Injury:	10/09/2012
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 47-year-old female who reported an injury on 10/09/2012. The mechanism of injury was a slip and fall. Her diagnoses included lumbar disc protrusion with radiculopathy, multiple level cervical disc protrusion with radiculopathy, and a history of right shoulder arthroscopic surgery. Past treatments were noted to include medications, therapy, activity modification, and injections. Diagnostic studies included an MRI on 08/21/2013 that revealed L4-5 and L5-S1 annular tears and 2 mm disc; an EMG of the upper extremities on 03/03/2014 which was negative for radiculopathy. Surgical history included diagnostic right shoulder arthroscopy with subacromial decompression on 01/10/2014 and cervical epidural steroid injection on 03/19/2014. On 05/27/2014, the injured worker was in for a followup. The provider had received the QME (qualified medical evaluation) report dated 03/28/2014. It revealed that radiographics of the lumbar spine, pelvis, right shoulder, right wrist, and bilateral knees were done with no significant abnormalities. The plan was to request an additional 12 physical therapy sessions for the right shoulder in order to accelerate the recovery process and request for a Functional Capacity Evaluation. On 04/24/2014, the injured worker was seen for followup of the shoulder surgery. The injured worker had received a cervical epidural steroid injection on 03/19/2014. She did not report much improvement with the procedure and remained symptomatic with significant neck pain, but does report improvement from her shoulder surgery. The injured worker had an increase in level of low back and lower extremity symptoms. On examination, there was tenderness of the lower lumbar spine and decreased range of motion. Decreased sensation was noted over the L5-S1 distribution. The straight leg raise caused back pain mainly. Her low back and lower extremity symptoms had not responded to multiple interventions including physical therapy and the injured worker would like to try an epidural injection. Her medications included Norflex, tramadol ER, Ambien, Relafen, and Prilosec. The

request is for a lumbar epidural steroid injection at L5-S1. The rationale is the physician examination findings are consistent with what the MRI showed and at least 1 such procedure at the L5-S1 is reasonable. The Request for Authorization was not provided.

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-S 1: Upheld

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

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

Decision rationale: The request for a lumbar epidural steroid injection at L5-S1 is not medically necessary. The injured worker has a history of back pain. The California MTUS guidelines recommends epidural steroid injections as an option for treatment of radicular pain. CA MTUS recommends no more than 2 ESI injections. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Also, the injection should be performed using fluoroscopy for guidance. There is a lack of documentation of the medical necessity at this time. The injured worker had no improvement with prior epidural steroid injections. The guidelines recommend repeat injections if there is documentation of functional improvement. There is a lack of documentation of at least 50% pain relief for 6 to 8 weeks. As such, the request is not medically necessary.