

Case Number:	CM14-0098607		
Date Assigned:	07/28/2014	Date of Injury:	11/05/2012
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported injury on 11/05/2012. Mechanism of injury was from a fall. Diagnoses included closed head injury, cervical spine herniated disc with radiculopathy, status post left shoulder arthroscopy 06/29/2013, right elbow sprain/strain rule out interior derangement, right forearm distal radius fracture, and right hand sprain/strain rule out carpal tunnel syndrome. Past treatments included medications, injections, and diagnostic studies. Diagnostic studies included MRI of the right wrist on 12/27/2012 and an electrodiagnostic on 03/08/2013. Surgical history included left shoulder arthroscopy with rotator cuff repair on 06/29/2013, right shoulder arthroscopy with a rotator cuff repair on 02/10/2014, and right wrist triangular fibrocartilage complex repair. On 06/24/2014 the patient was seen, however the note is handwritten and hard to decipher. The physician report dated 05/13/2014 revealed the injured worker had low back pain radiating to both legs with numbness in both feet. Exam of the right shoulder range of motion revealed flexion at 110 degrees, extension at 60 degrees, internal rotation at 50 degrees, and external rotation at 60 degrees. The wrist range of motion revealed flexion at 50 degrees and extension at 60 degrees. Lumbar spine range of motion revealed flexion at 60 degrees, extension at 15 degrees, the left and right at 20 degrees, positive straight leg raise, hypoesthesia L3-S1 bilateral, trauma and muscle strength 3/5. Medications include Norco 10-325 mg and Prilosec 20 mg. The treatment plan was to continue request of lumbar epidural steroid injection with facet block L3-4 and L4-5 x 1, preoperative labs of CBC, PT, PTT, INR, SMA7, request home exercise equipment for shoulder, wrist, and neck, continue physical therapy 1x 5 weeks, refill Norco 10-325 mg and Prilosec 20 mg, and follow-up visit. The request is for lumbar epidural steroid injections with facet block L3-4 and L4-5. The rationale for the injection is for relief of pain. The Request for Authorization was dated 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections with Facet Block L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back - Facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The request for Lumbar Epidural Steroid Injections with Facet Block L3-L4 and L4-L5 is not medically necessary. The injured worker had a history of back, shoulder and wrist pain. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live X-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one level should be injected at one session. 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. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence on imaging was not provided. There is lack of documentation of radiographs or MRI on the clinical reports that corroborate with radiculopathy. There is lack of documentation of an unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. Therefore, this request is not medically necessary.