

Case Number:	CM15-0119303		
Date Assigned:	06/29/2015	Date of Injury:	05/04/2013
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 5/4/13. The injured worker has complaints of low back pain that radiates down the bilateral lower extremities left greater than right to the bilateral foot. The documentation noted that the pain is accompanied by numbness, tingling and muscle weakness with muscle spasms in the low back bilaterally. The documentation noted that there is spasm noted in the bilateral paraspinal musculature and tenderness noted upon palpation in the bilateral paravertebral area L2-S1 (sacroiliac) levels. The diagnoses have included lumbar disc degeneration; lumbar radiculopathy; lumbar spinal stenosis and chronic pain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 9/27/13 at L5-S1 (sacroiliac), there are 3 millimeter disc-osteophytes and mild degenerative facet enlargement and there is mild thickening of the ligamentum flavum, resulting in moderate right neural foraminal stenosis with mild impression, upon the exiting right L5 nerve root within the foramen; magnetic resonance imaging (MRI) of the right shoulder on 9/27/13 showed the supraspinatus tendon shows findings compatible with tendinosis and small focal partial tear at its anterior humeral insertion and there is subsacpularis tendinosis and less prominent infraspinatus tendinosis; magnetic resonance imaging (MRI) of the left shoulder on 9/27/13 showed there is supraspinatus tendinosis and there is a small focal partial tear of the anterior distal supraspinatus tendon at its humeral insertion and there is mild tendinosis of the infraspinatus; transforaminal epidural steroid injection right L4-S1 (sacroiliac); Flexeril; naproxen and Tylenol #3. The request was for bilateral L5-S1 lumbar epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 lumbar ESI under fluoroscopy: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in May 2013 and continues to be treated for radiating back pain. She underwent a two level right-sided transforaminal epidural injection in June 2014 with a reported 20-50% improvement. An MRI of the lumbar spine in September 2013 had included findings of L5-S1 spondylosis with moderate right foraminal narrowing. When seen, she was now having bilateral lower extremity radicular symptoms worse on the left side. There was decreased lower extremity strength and sensation and positive straight leg raising. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had a partial response to the first injection and the second injection is planned using an interlaminar approach. A single level is being requested. The claimant meets criteria for an epidural steroid injection. The request was medically necessary.