

Case Number:	CM15-0025221		
Date Assigned:	02/17/2015	Date of Injury:	12/31/2012
Decision Date:	07/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 51-year-old female, who sustained an industrial injury on 12/31/2012. She has reported injury to the left shoulder, left hip, and low back. The diagnoses have included low back pain; lumbar sprain/strain; lumbar paraspinal spasms; lumbar radiculopathy of the lower extremities; left shoulder internal derangement; sacroiliitis of the left sacroiliac joint; and degenerative bulging disc at L4-L5 and L5-S1. Treatment to date has included medications, diagnostics, lumbar support, acupuncture, chiropractic manipulation, and physical therapy, and home exercise program, bilateral transforaminal lumbar epidural steroid injection, on 11/12/2014, left sacroiliac joint injection, on 11/19/2014, and left shoulder intra-articular steroid injection, on 11/26/2014. Medications have included Norco, Anaprox, Tramadol, Zanaflex, Gabapentin, Terocin patch, topical compounded cream, and Prilosec. A progress note from the treating physician, dated 12/29/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain; limited range of motion of the lumbar spine; tingling and numbness to both legs; pain is at the level of 9/10 on the pain scale most of the time, with radiation of pain into the thigh; pain over the right buttock, radiating to posterior and lateral aspect of the right thigh, with numbness and tingling progressively increasing in severity; and she received 50% improvement after the first bilateral transforaminal lumbar epidural steroid injection, as well as improvement with weakness, tingling, and numbness in the bilateral lower extremities. Objective findings included weakness along with tingling and numbness in both legs is progressive; she complains of these symptoms while climbing stairs, long walks, daily activities, and performing home exercise program; she is also suffering from severe right

sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh; Gaenslen's test and Patrick Fabre tests are positive; and sacroiliac joint thrust demonstrated severely positive on today's exam. The treatment plan has included the request for second bilateral lumbar epidural steroid injection (LESI) at L4-5 and L5- S1 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd bilateral Lumbar Epidural Steroid Injection (LESI) at L4-5 and L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there is a lack of documentation regarding reduction in medication use and a functional improvement following the first injections. The request for bilateral L4-5 and L5-S1 epidural steroid injection is not medically necessary.