

Case Number:	CM15-0067885		
Date Assigned:	04/15/2015	Date of Injury:	06/26/2013
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/09/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 68 year old female who sustained an industrial injury on 6/26/13 sustained on a cumulative trauma basis resulting in cervical, thoracic and lumbar spine pain. She currently complains of constant low back pain with radiation to bilateral lower extremities; constant right shoulder pain with radiation down her arm; constant bilateral upper back and lower back pain radiating down both lower extremities; bilateral knee pain. Her pain level is 8/10 in all areas. Her activities of daily living are limited regarding self-care and hygiene. Industrial medications are Cymbalta, compound topical creams. Diagnoses include displacement of cervical intervertebral disc without myelopathy; brachial neuritis or radiculitis; cervical facet joint syndrome; displacement of the lumbar intervertebral disc without myelopathy at L3-4, L4-5 and L5-S1; thoracic or lumbosacral neuritis; lumbar facet joint syndrome. Treatments to date include medications, rest and acupuncture which temporarily relieves pain. Diagnostic include MRI of the lumbar spine (11/4/14) abnormal study; electromyography/ nerve conduction studies of cervical and upper extremities (6/20/14) normal; x-ray of the right knee (6/30/14) abnormal; MRI of the left knee (6/30/14) abnormal; MRI of the right knee (7/3/14) abnormal; MRI of the right shoulder (10/3/13) abnormal. In the progress note date 2/24/15 the treating provider's plan of care recommends lumbar epidural steroid injection at one interlaminar level which may be modified as to approach. The injured worker has had conservative treatment with medications and physical therapy and continues to have pain. The purpose of the request is to reduce pain and restore more appropriate physiology of muscle function without limitations of pain, so that the injured worker can use other modalities to train and strengthen for functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at levels L3-4, L4-5 and L5-S1: Upheld

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

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

Decision rationale: ESI's are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. 4) 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. 5) No more than two nerve root levels should be injected at one session. 7) 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. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. In this case the request is for more than two nerve root levels to be done at one session therefore the ESI are not medically necessary.