

Case Number:	CM15-0077804		
Date Assigned:	04/29/2015	Date of Injury:	12/07/2013
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 12/07/2013. He reported a lifting type injury to the neck, bilateral shoulders and low back. Diagnoses include low back pain, lumbar strain, radiculitis, cervical pain, cervicogenic headaches, status post right shoulder surgery on 1/8/15, and left shoulder impingement and SLAP tear, surgery declined by the injured worker. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of neck pain, bilateral shoulder pain, low back pain and depression. On 3/25/15, the physical examination revealed tenderness, muscle spasms and decreased range of motion in the cervical and lumbar spines and bilateral shoulders. The plan of care included steroid epidural injections to L3-4, L4-5 on the left side.

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 L3-L4 and L4-L5, left: Upheld

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

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

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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). 3) Injections should be performed using fluoroscopy (live x-ray) 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. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this instance, the submitted documentation contains a progress note describing MRI changes showing canal stenosis at L3-L4 and L4-L5. There is neural foraminal stenosis on the left at L2-L3, on the right L3-L4 and L4-L5 on the left. The physical exam describes tenderness of the lumbar paraspinal muscles, a positive straight leg raise exam, and reduced lumbar range of motion. However, there are no descriptions of lower extremity strength, sensation, or reflexes that would allow dermatomal or myotomal correlation for a radiculopathy as required by the guidelines. Lumbar Epidural Steroid Injection at L3-L4 and L4-L5, left is therefore not medically necessary and appropriate.