

Case Number:	CM15-0078355		
Date Assigned:	04/29/2015	Date of Injury:	10/23/2008
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
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: California, Indiana, New York
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 60 year old male, who sustained an industrial injury on 10/23/08. Initial complaints were not noted. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; chronic low back pain with degenerative changes; left thigh pain with radiating pain from back; chronic pain with depression and anxiety; rotator cuff impingement. Treatment to date has included status post left carpal tunnel release (9/23/14); medications. Diagnostics included MRI lumbar spine (2/19/15). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker complains of paresthesias in both upper extremities right more than left have persisted. The injured worker takes Duloxetine to reduce these symptoms. Right shoulder pain persists and reaching overhead is significantly limited with pain in the acromion and deltoids. He takes Tramadol 50mg twice daily which is reported as significantly reducing pain in neck, shoulder, back and knee. Omeprazole has been decreased to 20mg daily as non-steroid anti-inflammatory medications have been discontinued. His last trigger point injection to the right trapezius/levator scapula muscles was on 2/26/15 and was of 50% benefit. The provider has requested Lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; chronic low back pain with degenerative changes at two disc levels L4 - L5 and L5 - S1; reduced sensation lower extremities with paresthesias consistent with mild radiculopathy; right knee meniscal tear; and left knee meniscal tear; left by pain; chronic pain with depression and anxiety; right rotator cuff impingement and full tear; carpal tunnel syndrome; and carpal tunnel release surgery on the right and left. Documentation from an April 2, 2015 progress note shows tenderness to palpation in the lumbosacral spine region with sensation mildly reduced in the L5 dermatome bilaterally. The treatment plan does not discuss a lumbar epidural steroid injection. There was no documentation of a lumbar epidural steroid injection anywhere in the progress note dated April 2, 2015. The request for authorization contains a request for lumbar epidural steroid injection, but there are no levels indicated on the request for authorization. There are no levels for injection in the progress note dated April 2, 2015. An MRI dated February 19th 2015 shows broad-based disc bulges at L4 - L5, L5 - S1 and L3 - L4. Consequently, absent clinical documentation with a request for a lumbar epidural steroid injection, the levels to be injected and a clinical indication and rationale, lumbar epidural steroid injections are not medically necessary.