

Case Number:	CM15-0094005		
Date Assigned:	05/20/2015	Date of Injury:	04/17/2014
Decision Date:	06/24/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/15/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on 4/17/2014. Diagnoses include pain in joint involving shoulder region, cervical spondylosis, cervical sprain/strain and lumbar sprain/strain. Treatment to date has included diagnostics and medications including Cyclobenzaprine, Naproxen and Methocarbamol, magnetic resonance imaging (MRI) lumbar spine (undated) reportedly showed one abnormal disc measuring 3mm, unsure of what level per the evaluating provider. Per the Primary Treating Physician's Progress Report dated 3/10/2015, the injured worker reported neck and back pain. Physical examination of the cervical spine revealed mild tenderness to palpation of the left paraspinous muscles and the left lateral mass midway from top to bottom. There were several left sided trigger points, tender to palpation with twitch response and radiating pain. There was decreased cervical range of motion on left axial rotation and left lateral bending. Left shoulder examination revealed somewhat decreased flexion, abduction and external rotation and a "bit" of pain at end range. Lumbar examination revealed several bilateral trigger points, tender to palpation with twitch response and radiating pain. There was decreased range motion. The plan of care included injections. Authorization was requested for pulmonary referral, pain management follow-up, lumbar epidural steroid injection at L5-S1 and Nortriptyline 50mg #30.

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 L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

Decision rationale: The patient was injured on 04/17/14 and presents with low back pain with a sharp stabbing pain going into both legs with associated numbness/tingling. The request is for a LUMBAR EPIDURAL STEROID INJECTION AT L5-S1. There is no RFA provided and the patient is temporarily totally disabled. The utilization review letter states that the patient had a prior ESI to the lumbar spine in March. However, review of the reports provided indicates that the ESI was to be scheduled for the end of March. The 03/03/15 report states that "my office will schedule this patient in two weeks for an L5-S1 intralaminar epidural steroid injection at 10:00 am." Prior to this request, it does not appear that the patient had a prior ESI to the lumbar spine. In regards to epidural steroid injections, MTUS Chronic Pain Medical Treatment Guidelines page 46-47 has the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing." 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 used for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient has lumbar spine radicular pain, a limited lumbar spine range of motion, and tenderness to palpation along the lumbar spine L4, L5, and S1. The 06/03/14 MRI of the lumbar spine revealed a 4.3 mm broad-based disc protrusion at L5-S1 abutting the thecal sac, producing spinal canal narrowing and bilateral neuroforaminal narrowing. Review of the reports provided does not indicate if the patient had a prior epidural steroid injection to the lumbar spine. Given the patient's clear radicular symptoms, exam findings, and MRI findings, a trial of Lumbar ESI appears reasonable. The request IS medically necessary.