

Case Number:	CM15-0094274		
Date Assigned:	05/20/2015	Date of Injury:	03/25/2013
Decision Date:	06/22/2015	UR Denial Date:	04/23/2015
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, Pain Management

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 36 year old male, who sustained an industrial/work injury on 3/25/13. He reported initial complaints of bilateral shoulder pain, and low back pain. The injured worker was diagnosed as having disc displacement, depression, post-traumatic stress disorder. Treatment to date has included medication, psychiatric consultation, surgery (right wrist on 6/6/13), physical therapy Lumbar MRI results were reported on 3/3/15 report mild to moderate degenerative disc changes of the lower lumbar spine, similar to 3/25/13, no significant spinal stenosis, and low grade foraminal narrowing in the lower lumbar spine. Electromyography and nerve conduction velocity test (EMG/NCV) was performed with normal results. Currently, the injured worker complains of bilateral shoulder and low back pain with radicular symptoms and paresthasias with decreased sensation in the R>L with slight giveaway weakness. There was also depression and anxiety secondary to injury. Per the primary physician's progress report (PR-2) on 4/13/15, examination noted positive impingement symptoms, decreased range of motion to both shoulders. The lumbar spine noted tenderness and spasm, decreased range of motion, sensory deficit to right lower extremity. Current plan of care included continue with meds, and pain management consult. The requested treatments include Lumbar Epidural Steroid Injection. The MRI shows a mild right neuroforaminal stenosis at L4-5 and mild left neuroforaminal stenosis at L5-S1. A progress report dated April 13, 2015 identified decreased sensation in the right lower extremity. An interventional pain management consultation is recommended. Notes indicate that the patient has undergone physical therapy previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of radiculopathy in a specific dermatomal distribution. The MRI findings are somewhat nonspecific since the neural foraminal narrowing is mild with no evidence of nerve root impingement. Additionally, the electrodiagnostic studies are normal. If physical examination findings point towards one specific nerve root being affected, then a diagnostic epidural injection may be indicated. However, the current physical examination findings do not identify radiculopathy in a specific dermatome. The requesting physician has asked for a pain management consult to consider an epidural injection. This may be reasonable, but there is no provision to modify the current request. As such, the currently requested Lumbar epidural steroid injection is not medically necessary.