

Case Number:	CM15-0098613		
Date Assigned:	05/29/2015	Date of Injury:	04/01/2014
Decision Date:	10/06/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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, Hawaii
 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 (IW) is a 61-year-old male who sustained an industrial injury on 04/01/2014. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Lumbar left sided radiculopathy. Low back pain. Right SLAP (superior labral tear from anterior to posterior) lesion. Right shoulder internal derangement. Treatment to date has included medications, use of an H wave machine, and a lumbar epidural steroid injection. Currently, the injured worker complains of ongoing low back and shoulder pain. On examination, lumbar spine range of motion is decreased by about 50% due to pain. The IW states the epidural steroid injection did decrease the sensation of burning pain in the legs, but he still has residual pain. There is no documentation of how much the pain improved, or increased ability to function or participate in activities or daily living, or report of decreased medication intake. He still takes Motrin and Percocet for the pain. On examination, the right shoulder has limited flexion and abduction. Range of motion of the lumbar spine is diminished about 50%. The plan is to have a second epidural steroid injection to attain a cumulative effect. A request for authorization was submitted for a Second Lumbar Epidural Steroid Injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 8/4/14).

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

Decision rationale: The patient presents with low back and shoulder pain. The current request is for a Second Lumbar Epidural Steroid Injection at L5-S1. The treating physician's report dated 04/31/2015 (2B) states, "He has had a lumbar epidural steroid injection and had taken the burning pain away, but he still has residual pain." Examination shows lumbar spine lateral bending left and right, flexion and extension are about 50% decreased with pain to palpation at L4-L5 and L5-S1 levels in the lumbar spine. The patient's previous L5-S1 ESI was performed on 03/23/2015. MRI reports were not made available. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. 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. In this case, the patient's previous ESI did not provide at least 50% pain relief for 6 to 8 weeks. There is no documentation of medication reduction as well. Furthermore, no MRI reports were provided to corroborate findings of radiculopathy. Therefore, the patient does not meet the criteria based on the MTUS Guidelines for repeat blocks. The current request is not medically necessary.