

Case Number:	CM14-0154167		
Date Assigned:	09/23/2014	Date of Injury:	05/25/2013
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 05/25/13. Bilateral epidural steroid injections at level L4-5 are under review. An MRI showed a left L4-5 extrusion with left L5 impingement and protrusion at L5-S1. EMG showed bilateral L5 radiculopathy. She had a left L4-5 epidural on 04/10/14 with worsening pain noted by her orthopedist who stated that no further injections were needed on 05/21/14. In May 2014, a note indicated the prior epidurals had not helped. She had reduced bilateral L4-5 sensation and bilateral L4-5 epidural was recommended. MRI showed only left L5 root impingement. She also has had active fibromyalgia. She underwent the epidural steroid injection and on 04/23/14, had a flare up which was anticipated. Her fibromyalgia was very active. On 05/07/14, she reported feeling worse from the previous primary physician's care. Her baseline was 10/10 pain. She had tenderness and range of motion was limited by pain. Straight leg raise was positive bilaterally. She had diminished sensation in the L4-5 pattern bilaterally with full strength and intact reflexes. Multiple trigger points were noted. Bilateral L4-5 epidurals were recommended. Spine surgery consultation was also ordered. On 05/21/14, she reported problems with multiple body parts. Her pain was moderate to severe and radiated to many areas with multiple myofascial tender points. The first epidural injection on 04/10/14 was not very helpful and no further injections were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to the lumbar spine bilateral at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Criteria for the use of epidural steroid injections Page(s): 4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a repeat lumbar ESI at level L4-5 bilaterally. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 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)...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)" There is no evidence of radiating pain that is consistent with radiculopathy bilaterally on PE. She has decreased sensation and a positive EMG but the MRI of the lumbar spine only revealed findings on the left side and the previous ESI to the left side did not provide any benefit. The claimant also has other confounding conditions including pain from fibromyalgia. It is not clear whether the claimant has exhausted all other reasonable treatment for her current symptoms or whether she has been continuing an independent exercise program. The medical necessity of this request for bilateral epidural steroid injections at level L4-5 has not been clearly demonstrated.