

Case Number:	CM14-0161926		
Date Assigned:	10/07/2014	Date of Injury:	03/10/2011
Decision Date:	10/13/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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. 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 68 year old female, who sustained an industrial injury on 03-10-2011. She has reported injury to the neck, shoulder, and low back. The diagnoses have included chronic low back pain; lumbar sprain-strain; lumbar disc displacement without myelopathy; lumbar radiculopathy; sciatica; and status post right shoulder rotator cuff repair. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, and chiropractic therapy, and surgical intervention, right shoulder. Medications have included Tramadol and Terocin Patch. A progress report from the treating physician, dated 07-23-2014, documented an evaluation with the injured worker. The injured worker reported that the main problem remains the low back pain with intermittent radiation to the legs; each time she received an epidural, it did help her for a period of six months; the last epidural she has received has been in November 2013; she is taking Tramadol for her pain, which is helping; activity such as heaving lifting, pulling, pushing, and carrying increases back pain; she gets multiple cramps during the night in her left leg; and the pain from her back radiates to the foot with tingling and numbness intermittently; and she is presently retired. Objective findings included she is not in acute pain or distress; she walks with a slow gait; she is able to toe gait and heel gait without weakness; ranges of motion of the lumbar spine are decreased; positive straight leg raising test on the left side; and she has decreased sensation in the lateral aspect of the left leg. The treatment plan has included the request for lumbar epidural L4-L5 facet joint injection. The original utilization review, dated 09-17-2014, non-certified a request for lumbar epidural L4-L5 facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural L4-L5 Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4-L5 facet joint injection is 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. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. See the guidelines for details. In this case, the injured worker's working diagnoses are degenerative arthritis lumbar spine; left-sided radiculopathy; and status post right shoulder rotator cuff tear. Date of injury is March 10, 2011. Request for authorization is dated July 31, 2014. According to a July 23, 2014 initial orthopedic evaluation, the injured worker had prior epidural steroid injections. The documentation indicates six months of decreased pain, but does not indicate percentage pain relief. There is no documentation indicating objective functional improvement with prior epidural steroid injections. The injured worker has ongoing low back pain with intermittent radiation to the lower extremities. Objectively, the injured worker ambulates with a slow gait, has decreased range of motion, positive straight leg raising and decreased sensation in the lower extremity. The injured worker is declining physical therapy. The request for authorization contains a request for an epidural steroid injection and facet joint injection. There is no clear-cut evidence of objective radiculopathy on physical examination. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear-cut evidence of objective radiculopathy on physical examination, no documentation of objective functional improvement with percentage improvement from prior epidural steroid injections and an unclear request for both epidural steroid injection and facet joint injections in the same request, lumbar epidural steroid injection at L4-L5 facet joint injection is not medically necessary.