

Case Number:	CM13-0015613		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2012
Decision Date:	04/02/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 physician 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 patient was injured on September 8, 2012. Right hip injury occurred when she twisted her right leg when she accidentally stepped in a hole that was one foot deep. The patient continued to experience pain in her right hip and low back. Physical examination showed bilateral muscle strength of 4/5, negative straight leg raise and symmetrical deep tendon reflexes at 2/4. MRI of the lumbosacral spine done on July 1, 2013 showed disc bulges at L3-4, L4-5, and L5-S1 and mild spinal stenosis at L1-2 and L2-3. Request for authorization for interventional anesthesia lumbar epidural injection was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

interventional anesthesia lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Current

recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Criteria for epidural steroid injections include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no documentation that the patient had radicular symptoms. Documentation on physical examination does not support the presence of radiculopathy. MRI findings do not corroborate radiculopathy. Criteria for the epidural steroid injections are not met.