

Case Number:	CM13-0040509		
Date Assigned:	12/20/2013	Date of Injury:	04/19/2013
Decision Date:	02/19/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Tennessee. 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 is a 30 year old female who was injured on April 9, 2013, when she fell off a bathtub ledge. The patient complained of pain in neck radiating to her right arm and her low back with pain radiation into her right leg and pain in both legs. There were no motor or sensory deficits documented on physical examination. The patient had pain down the back of her right leg to her right foot on straight leg raise. MRI of the lumbar spine done on July 25, 2013 showed 3mm disc bulge at L4-5 with mild bilateral neural foraminal stenosis. Diagnoses included cervical spine strain and lumbar spine sprain/strain. Request for authorization for epidural steroid injection at L5 was submitted on August 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection @ L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/ The Medical Disability Advisor, and Official Disability Guidelines (ODG),9th Edition, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the patient had pain radiating down the posterior aspect of her right leg to her right foot. This is consistent with S1 radiculopathy. MRI of the lumbar spine showed disc bulging at L4-5 with mild bilateral neural foraminal stenosis. L5-S1 shows normal disc height and signal intensity. The radicular pain is not corroborated by radiographic findings and does not meet criteria epidural steroid injections