

Case Number:	CM13-0063456		
Date Assigned:	12/30/2013	Date of Injury:	11/28/1984
Decision Date:	07/23/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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 patient is a 62-year-old male who was injured on November 28, 1984. The patient continued to experience pain in his neck and lower back. Physical examination was notable for decreased range of motion lumbar spine, global decrease to touch in the lower extremities, and d grip strength of 4/5 bilaterally. MRI of the lumbar spine dated 10/31/2013 reported disc bulging at L2-3 and L3-4, and spondylothesis of L4 on L5. Diagnoses included post-laminectomy syndrome of the lumbar spine, post-laminectomy of the cervical spine, and osteoarthritis of the pelvis. Treatment included medications and surgery. Request for authorization for caudal lumbar epidural steroid 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:

1 CAUDAL LUMBAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPY:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions ad 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). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 there is no documentation in the medical record to support that the patient is suffering from radiculopathy. Sensory deficits and motor weakness are not associated with a specific nerve root. MRI does not show nerve root impingement. The request is not medically necessary.