

Case Number:	CM13-0068623		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2007
Decision Date:	03/31/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/19/2013

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 Geriatrics 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 injured worker is a 53 year old woman with a date of injury of 6/8/07. She was seen in a spine clinic on 11/15/13 for complaints of neck, low back, upper extremity and lower extremity pain. MRI of the lumbar spine showed evidence of multi-level disc disease, most significantly at L4-5 level. MRI of the cervical spine showed disc compromise above and below the level of her previous C5-6 surgical fusion. On physical exam, she had no new focal dermatomal or myotomal deficits. She continued to have pain with palpation of the par cervical and par lumbar region with a positive Spurling test and straight leg raise bilaterally. Her diagnoses included cervical and upper extremity pain status post C5-6 fusion with evidence of C4-5 and C6-7 disc compromise correlating to her symptomatology, lower back and lower extremity pain attributed to L4-5 disc compromise with borderline stenosis of L4-5 level and concurrent facet joint arthritic changes and bilateral greater occipital neuritis. EMGs of the upper and lower extremities were recommended along with bilateral L4-5 transforaminal epidural injections which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral transforaminal epidural steroid injection (ESI) at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Per the MTUS, epidural spine 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. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. 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. [REDACTED] 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. (Armon, 2007). Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that she has failed conservative treatment with exercises, physical methods or medications. The records do not document medical necessity for the epidural injections in question here.