

Case Number:	CM14-0009934		
Date Assigned:	02/21/2014	Date of Injury:	08/22/2011
Decision Date:	04/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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. The expert 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 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 injured worker is a 62 year old woman with a date of injury of 8/22/11. She was seen by her physical medicine rehabilitation consulting physician on 11/18/13. Her physical exam showed low back tightness of paraspinal muscles which increased with forward bending. A nerve tension sign caused right back pain with no radiation. Her reflexes were 2+ and symmetric. Her diagnoses included chronic low back pain (right sided) which has not improved with physical therapy and medication. She also had right shoulder impingement syndrome. Shoulder and lumbar x-rays were reviewed and were completely normal. She is status post MRI of her lumbar spine on 12/5/13 showing at L4-5; a 1mm anterolisthesis with a 2mm central protrusion with partial annular tear and mild facet hypertrophy without canal or foraminal stenosis. At L3-4, there was a 4mm right lateral recess and foraminal protrusion without right nerve root impingement. There was no significant foraminal stenosis. She also had scoliosis. On 12/9/13, she was seen by her primary treating physician. She again had tight paraspinal muscles to the right of midline and a positive nerve tension sign on the right. An epidural injection was recommended and is 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:

LUMBAR EPIDURAL CORTISONE INJECTION AT RIGHT L4-5 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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. 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. (Armon, 2007) In this injured worker, the MRI does not show significant foraminal stenosis and the physical exam is not detailed with regards to a sensory exam to 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, NSAIDS and muscle relaxants). The medical necessity of the epidural injection is not substantiated in the records