Case Number:	CM14-0102393		
Date Assigned:	09/16/2014	**Date of Injury:**	08/21/1999
Decision Date:	10/15/2014	**UR Denial Date:**	06/11/2014
Priority:	Standard	**Application Received:**	07/02/2014

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 Pain Management and is licensed to practice in California. 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 58-year-old male who sustained an injury on 08/21/99. He complained of headaches and low back pain, rated at 7-8/10, with radiation to the bilateral lower extremities, left greater than right with associated numbness and tingling into his feet. Exam of the lumbar spine revealed range of motion with flexion at 35/60 degrees, extension at 5/25 degrees, right lateral bend at 10/25 degrees, and left lateral bend at 10/25 degrees. Straight leg raising, Bragard's, Bowstring's, and Femoral Stretch tests were positive bilaterally. Motor strength testing revealed weakness in the bilateral extensor hallucis longus, gastrocnemius and peroneus longus and muscle groups at 4/5. Sensory deficit was noted over the bilateral L5 and S1 dermatomes. Lumbar spine magnetic resonance imaging scan on 12/10/2013 revealed various protrusions and advanced degenerative features including facet arthropathy and ligamentum flavum hypertrophy. Lumbar spine X-rays revealed multiple level degenerative disc disease, retrolisthesis at L5-S1 and degeneration at L3-L4 and L4-L5. Right hip and pelvis X-ray revealed early arthritis of the right hip. He had multiple surgeries on his neck previously. His current medications include Percocet, Neurontin, Senna, Baclofen, and topical creams. His diagnoses are L4-L5 and L5-S1 disc protrusions; 4 to 5-mm with L5-S1 nerve root impingement and bilateral foraminal extensions; bilateral lower extremity L5-S1 radiculopathy; grade I retrolisthesis at L5-S1; multilevel stenosis with multilevel protrusion-severe; and worsening degenerative disc disease in the lumbosacral spine. The request for High Volume Epidural Steroid Injection L5-S1 was denied on 06/11/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Andersson GB, Cocchiarella L. AMA Guides to the Evaluation of Permanent Impairment. 5th Edition, Chicago, 111; AMA Press 2001: Chapter 15, Pages 382-383

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

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Guidelines state epidural steroid injections are recommended as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, and muscle relaxants). In this case, there is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for epidural steroid injections is not established.