

Case Number:	CM14-0155950		
Date Assigned:	09/25/2014	Date of Injury:	06/28/2011
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old male with complaints of low back pain and leg pain, hand pain. The date of injury is 6/28/11 and the mechanism of injury is slip and fall injury sliding backwards and landing on his back leading to his current symptoms. At the time of request for foraminal epidural steroid injection L4/5,L5/S1, there is subjective (low back pain, left leg pain, left foot pain, left hand pain) and objective (tenderness lumbar spine, restricted range of motion lumbar spine, positive straight leg raise bilaterally, decreased sensory L5-S1) findings, imaging findings/other (EMG lower extremities dated 3/24/14 shows lumbar radiculopathy left greater than right L5,S1) , diagnoses (lumbar and lumbosacral strain/sprain, lumbar and lumbosacral spondylosis, degenerative disc disease L2/3,L5/S1, nerve root compression at L5/S1), and treatment to date (medication, physical therapy, epidural steroids). In regards to epidural steroid injections, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Criteria for the use Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural. This patient has clinical findings of L5-S1 radiculopathy/radicular pain that correlates with the imaging finding of L5-S1 disc protrusion as well as significant analgesic response from the first epidural steroid injection. Therefore, the request is medically necessary.