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| Case Number: | CM14-0171705 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 03/15/2011 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 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 47-year-old female who was injured on March 15, 2011. The patient continued to experience pain in her lower back radiating into her left leg and foot. Physical examination was notable for decreased sensation over the L5 distribution and slight weakness of left foot dorsiflexion. MRI performed on April 26, 2014 showed 4.0 mm disc protrusion; degenerative changes at L5-S1 with moderated bilateral neural foraminal stenosis; and 3.4 mm posteriors disc protrusion at L4-L5 with mild degenerative neural foraminal stenosis. Diagnoses included L4-L5 disc protrusions and lower back pain with left L5 radiculopathy and radiculitis. Treatment included medications and physical therapy. Request for authorization for bilateral L4-L5/L5-S1 epidural steroid injections was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5/L5-S1 lumbar epidural steroid injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ASIPP Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and 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. In addition, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the patient has pain consistent with radicular pain, but the MRI does not corroborate it. There is no documentation that the disc protrusions or foraminal stenosis impinges on any nerve roots. Criteria for epidural steroid injections have not been met. Therefore, this request is not medically necessary.