

Case Number:	CM14-0040647		
Date Assigned:	09/10/2014	Date of Injury:	09/22/2010
Decision Date:	10/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 Preventative Medicine, and is licensed to practice in Iowa. 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:

This patient is a 59 year old employee with date of injury of 9/22/2010. Medical records indicate the patient is undergoing treatment for lumbar spinal stenosis, degenerative spondylolisthesis, sciatica, L3-4 central canal stenosis. Subjective complaints include left leg pain and numbness on the anterior side. He also complains of left leg lateral and posterior pain. Objective findings include ACDF at C5-C7; left leg pain and numbness. His lumbar findings include 10-45 degrees extension/flexion; bilateral lower extremity strength of 4/5; decreased sensation over the left L4-S1 dermatomes and bilateral positive straight leg tests both supine and seated. No evidence of a left L3-L4 nerve root pathology has been documented. He claimed of “refractory” pain to NSAIDs and PT. Treatment has consisted of PT, Tylenol. The utilization review determination was rendered on 3/25/2014 recommending non-certification of a Left L3-4 interlaminar lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 interlaminar lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections(ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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." ODG states, "For spinal stenosis: The use of epidural steroid injection (ESI) in patients with lumbar spinal stenosis is common, but there is little evidence in the literature to demonstrate its long-term benefit. Despite equivalent baseline status, ESIs are associated with significantly less improvement at 4 years among all patients with spinal stenosis. Furthermore, ESIs were associated with longer duration of surgery and longer hospital stay. There was no improvement in outcome with ESI whether patients were treated surgically or non-surgically. There was no distinct surgical avoidance noted with ESI". While the treating physician does provide MRI imaging to correlate physical exam findings, the above guidelines do not support the use of epidural steroid injections for spinal canal stenosis. In addition, the treating physician did not detail trial and failures of conservative treatments. As such, the request for Left L3-4 interlaminar lumbar epidural steroid injection is not medically necessary.