

Case Number:	CM14-0091478		
Date Assigned:	07/25/2014	Date of Injury:	12/09/2013
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation 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 53 year old female who reported injuries resulting from a slip and fall on 12/09/2013. On 05/08/2014, her diagnoses included right L4-5 radiculopathy. A review of a lumbar MRI revealed stenosis at L4-5 with degenerative disc disease. The treatment plan included a recommendation for a consultation with a different physician for consideration of a right-sided L4-5 epidural steroid injection. There was no rationale for the requested injection included in this worker's chart. A Request for Authorization dated 05/22/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Steroid Injection (ESI) at the right L4-L5 under fluoroscopy:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and their use should be in conjunction with other rehab efforts, including continuing a home exercise program.

There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 weeks and 6 weeks following the injury, but they do not affect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Although the recommendation was made for a consultation regarding the epidural steroid injections, there was no submitted evidence that the requested consultation had ever taken place. Additionally, there was no documentation of failed trials of exercise, physical methods including acupuncture and/or chiropractic treatments, NSAIDs, or muscle relaxants. The clinical information submitted failed to meet the evidence based guidelines for epidural steroid injections. Therefore, this request for an Outpatient Lumbar Epidural Steroid Injection (ESI) at the right L4-L5 under fluoroscopy is not medically necessary and appropriate.