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| Case Number: | CM14-0185947 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 03/18/2011 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 67-year-old male who was injured on March 18, 2011. The patient continued to experience pain in his back and right hip. Physical examination was notable for atrophy and decreased sensation of left thigh, decreased strength of the left extensor hallucis longus, and decreased sensation of the right anterior thigh. MRI of the lumbar spine dated September 15, 2014 reported mild diffuse annular bulging of the disc at L4-5 that extends to the lateral recesses and slightly displaces the right and left L5 nerve root posteriorly without nerve entrapment. Diagnoses included lumbago, sciatica, thoracic/lumbar neuritis/radiculitis, and displacement of intervertebral disc without myelopathy. Treatment included medications and epidural steroid injections, Request for authorization for epidural steroid injection bilateral L4-5 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions 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, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this documentation in the medical record does not support the diagnosis of radiculopathy. It is not documented in the physical examination. The findings on MRI of the lumbar spine do not corroborate with the findings on physical examination. Criteria for epidural steroid injections have not been met. The request should not be authorized.