

Case Number:	CM15-0004937		
Date Assigned:	01/16/2015	Date of Injury:	06/22/2014
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 6/22/2014. He has reported back pain, neck pain, closed head injury with confusion reported, and mild lumbar pain. The diagnoses have included contusion, lumbago, and muscle spasms. A Computed Topography (CT) scan completed 6/23/2014, revealed multiple lumbar levels with degenerative changes, osteophytes formation on right lower thoracic spine, and bilateral spondylosis noted at L5. Magnetic Resonance Imaging (MRI) 8/4/14 significant for disc bulge, disc narrowing, at L2-3, L2-5, and positive compression fracture T11 with possible compression fracture T12, most likely related to recent fall. Treatment to date has included Advil, Vicodin, moist heat/cold therapy, home exercise, physical therapy, Back Hugger lumbar support brace, bilateral L3-L5 medial branch block 10/6/14 with no improvement, and bilateral sacroiliac joint injection 11/17/14 that reported 50% improvement in pain for about one week. Currently, the IW complains of continued back pain with radiation to lower left extremity rated 10/10 described as intermittent and sharp stabbing pain. Physical examination dated 12/17/14 documented positive Fabere's, Sacral Thrust, and Gaenslen's tests bilateral, and moderate restriction to Range of Motion (ROM) in rotation and lateral flexion. Diagnoses included Lumbosacral degenerative disc disease, spondylosis without myelopathy, and radiculitis. On 12/23/2014 Utilization Review non-certified a Bilateral L5 transforaminal epidural steroid injection (ESI) with moderate sedation, noting the documentation did not support bilateral injection were medically necessary. The MTUS Guideline was cited. On 1/9/2015, the injured worker submitted an application for

IMR for review of Bilateral L5 transforaminal epidural steroid injection (ESI) with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L5 transforaminal ESI with moderate sedation: 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 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, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the documentation in the medical record does not support the diagnosis of radiculopathy. In addition there is no corroboration by imaging or electrodiagnostic studies. Criteria for epidural steroid injections have not been met. The request should not be authorized.