

Case Number:	CM15-0133969		
Date Assigned:	07/22/2015	Date of Injury:	02/21/2011
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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 68-year-old male, who sustained an industrial injury on 2/21/2011. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostics, transforaminal left lumbar epidural steroid injections (1/2014 and 3/2014), physical therapy, home exercise program, chiropractic, and medications. The progress report dated 12/11/2014 noted that the injured worker had a left lumbar epidural steroid injection and was now pain free. At this time his back pain was radiating down his right leg. It was noted that prior lumbar epidural steroid injection on the right (1/21/2015) helped reduce pain by 80%. Currently (5/28/2015), the injured worker complains of back pain with radiation down both legs and lower backache. Pain was rated 5/10 with medications and 8/10 without. Current medications included Celebrex, Norco, and Prilosec. Exam of the lumbar spine noted restricted range of motion. Motor exam noted 5/5 strength, except 4/5 in left extensor hallucis longus and right abductor pollicis brevis. Decreased sensation was noted over the right L5 dermatome. He continued to work full time. The treatment plan included a transforaminal epidural steroid injection at bilateral L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection bilateral L4-L5, 1 each: Upheld

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

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 electro diagnostic 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, radiculopathy is not supported by the documented physical examination and there are no corroboration imaging or electro diagnostic studies. Criteria for epidural steroid injection have not been met. The request is not medically necessary.