

Case Number:	CM15-0198927		
Date Assigned:	10/14/2015	Date of Injury:	05/19/2015
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 71 year old male, who sustained an industrial injury on 05-19-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for previous heart attack, contusion to the left thigh, and left trochanteric bursitis. Medical records (07-01-2015 to 09-23-2015) indicate ongoing left hip and thigh pain, and low back pain. Pain levels were rated 6 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activities of daily living, as the IW is able to perform these activities. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-23-2015, revealed tenderness of the left buttock, greater trochanter and thigh, spasms palpated in the left buttock, left thigh and left lumbar muscles, restricted range of motion in the lumbar spine, and positive straight leg raises bilaterally. Relevant treatments have included: 5 sessions of physical therapy (PT), 5 sessions of acupuncture, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (09-09-2015) showed a 3mm disc bulge at L4-5, 2mm disc bulge at L3-4, and a 2mm disc bulge at L2-3. The PR and request for authorization (09-23-2015) shows that the following procedure was requested: an outpatient L4-L5 epidural steroid injection. The original utilization review (10-02-2015) non-certified the request for an outpatient L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L4-L5 Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. 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. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. The epidural injection is not medically necessary.