

Case Number:	CM15-0201353		
Date Assigned:	10/16/2015	Date of Injury:	09/16/2004
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old male with a date of industrial injury 9-16-2004. The medical records indicated the injured worker (IW) was treated for multiple thoracic and lumbar compression fractures. In the progress notes (7-15-15, 9-11-15), the IW reported thoracic and lumbar pain. On examination (7-15-15 notes), muscle tone and strength was normal in the upper and lower extremities. Reflexes were 2+ and symmetrical in the upper and lower extremities. Sensation was intact in all extremities. Straight leg raise was negative bilaterally. X-rays taken that day showed old compression fractures at T9 through T11 and L1 through L3. Treatments included conservative care, not further explained. The records did not indicate any previous epidural injections were given. MRI of the lumbar spine on 8-24-15 showed chronic mild anterior compression deformities at L1, L2 and possibly L3; and L5-S1 grade 1 retrolisthesis and capacious facet joints with moderate left and mild right neuroforaminal narrowing. A Request for Authorization dated 9-25-15 was received for one L5-S1 epidural injection. The Utilization Review on 10-1-15 non-certified the request for one L5-S1 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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. 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. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is not medically necessary.