

Case Number:	CM15-0218147		
Date Assigned:	11/10/2015	Date of Injury:	07/08/2014
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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: Montana, Oregon, Idaho

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 07-08-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for L5-S1 spondylolisthesis and S1 radiculopathy. Treatment and diagnostics to date has included lumbar spine MRI and medications. Recent medications have included Baclofen and Norco. Lumbar spine MRI report dated 11-14-2014 noted diffuse spondylosis, mild dextroscoliosis, extensive endplate sclerotic changes, grade 1 anterolisthesis of L4 on L5, and disc protrusions to L1-2, L2-3, L3-4, and L4-5 with bilateral neural foraminal narrowing. Subjective data (08-21-2015 and 09-28-2015), included pain in the low back and right leg. Objective findings (09-28-2015) included decreased right lower extremity strength and sensation. The request for authorization dated 09-28-2015 requested L5-S1 intra-laminar epidural steroid injection, bilateral sacroiliac injection, and bilateral L4-S1 facet injection. The Utilization Review with a decision date of 10-15-2015 non-certified the request for L5-S1 intra-laminar epidural steroid injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralaminar epidural steroid injection, L5-S1 (lumbosacral), as outpatient: 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 to warrant and L5-S1 epidural steroid injection, the MRI from 11/14/14 demonstrated multilevel spondylosis without specific comment about compression of L5 or S1 nerve roots. There are no specific objective physical findings which document a corresponding dermatomal or myotomal deficit in the submitted documentation. Therefore, the criteria cited in the guidelines have not been met and the request is not medically necessary.