

Case Number:	CM15-0218901		
Date Assigned:	11/10/2015	Date of Injury:	07/15/1996
Decision Date:	12/22/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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 66 year old right hand dominant female, who sustained an industrial injury on 7-15-1996. She reported low back pain and bilateral shoulder pain. The injured worker was diagnosed as having chronic axial lumbar pain in the setting of mildly unstable Grade 1 L4-5 degenerative spondyloolisthesis with associated spondylotic lateral recess stenosis and lesser, chronic cervical pain. Treatment to date has included pain medications, physical therapy MRI and X-rays. The injured worker complains of significant pain in her left shoulder and low back. On 5-14-2015, the progress notes that the "IW has tried physical therapy, which has failed. Her range of motion and muscle strength are within normal limits .There is no clear cut neurologic deficit except for some persisting L5 hypesthesia, she may have a trace weakness of right EHL. Her low back is tender with palpation. She is having high levels of pain." Per progress notes dated 10-14-2015, IW complains of low back pain with numbness and tingling. The exam is unchanged from 5-14-2015. The treatment plan is for lumbar MRI, L4-5 epidural steroid injection and pain management referral to include both the shoulder and the lumbar spine. The UR decision, dated 10-23-2015, denied an epidural steroid injection at L4-5. The request for authorization, dated 11-2-2015, is for an epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5: 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.