

Case Number:	CM15-0047098		
Date Assigned:	03/19/2015	Date of Injury:	05/12/2003
Decision Date:	04/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/12/2015

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 74 year old female, who sustained an industrial injury on 05/12/2013. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, MRIs of the lumbar spine, right knee surgeries, lumbosacral epidural steroid injections, facet injections, and medial branch blocks to the lumbar spine. Currently, the injured worker complains of increasing right lower extremity radicular pain which is no longer controlled with oral pain medications and is reducing her ability to participate in activities of daily living and increasing the use of medications. Current diagnoses include degeneration of the lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, lumbosacral spondylosis, without myelopathy, thoracic or lumbosacral neuritis or radiculitis, pain in joint involving the lower leg, disorders of the sacrum, and sacroiliitis. The clinical notes indicate that the injured worker has undergone multiple types of injections to the lumbar spine in the past and has received significant benefit/pain relief from these injections. The treatment plan consisted of a lumbar epidural steroid injection, Norco, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

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. Though the records do 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 substantiated.