

Case Number:	CM15-0059545		
Date Assigned:	04/06/2015	Date of Injury:	09/06/2012
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 50 year old male, who sustained a work/industrial injury on 9/6/12. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having, lumbar disc displacement without myelopathy, sciatica, depression, and generalized anxiety disorder. Treatments to date included; medication, diagnostics, physical therapy, and epidural steroid injections. Magnetic Resonance Imaging (MRI) was performed on 1/24/12. Currently, the injured worker complains of persistent low back pain with radicular symptoms to the right extremity. The treating physician's report (PR-2) from 2/26/15 indicated there were balance problems and numbness. Examination revealed decreased sensation at L4-5 dermatomes with spasm and guarding. Treatment plan included Epidural steroid injection and Lumbar epidurogram, fluoroscopy, IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (L4-5, L5-S1): 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, 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 substantiated.

Lumbar epidurogram, fluoroscopy, IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 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 lumbar epidurogram with fluroscopy and IV sedation is not medically substantiated.