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| Case Number: | CM14-0211175 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 07/12/2011 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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, Tennessee
 Certification(s)/Specialty: Emergency 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 patient is a 43-year-old male who was injured on July 12, 2011. The patient continued to experience pain in his low back with radicular symptoms in both legs. Physical examination was notable for decreased range of motion of the lumbar spine, tightness and spasm in the lumbar paraspinal musculature bilaterally, hypoesthesia along anterior lateral aspect of the foot and ankle bilaterally, and weakness with big toe dorsiflexion and plantar flexion bilaterally. Diagnoses included herniated cervical disc with radiculitis, bilateral carpal tunnel syndrome, and herniated lumbar disc with clinical findings of radiculitis/radiculopathy. Treatment included medications, physical therapy, acupuncture, and chiropractic therapy. Request for authorization for lumbar epidural steroid injection was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L2-3: 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 Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case the findings on physical examination are not consistent with L2-3 radicular disease. The report of the MRI of the lumbar spine done on July 11, 2011 is not available. There is reported herniated nucleus pulposus, but the level is not stated. IN addition to inconsistencies in the physical exam findings, there is no corroboration by imaging or electrodiagnostic studies. The request should not be authorized.