

Case Number:	CM15-0068894		
Date Assigned:	04/16/2015	Date of Injury:	01/23/2009
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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, 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 injured worker is a 66-year-old male, with a reported date of injury of 01/23/2009. The diagnoses include lumbar radiculopathy, lumbar spinal stenosis, low back pain, and lumbar disc protrusion. Treatments to date have included oral medications, electrodiagnostic study of the lower extremity, an MRI of the lumbar spine. The progress report dated 01/26/2015 indicates that the injured worker complained of low back pain, with radiation to the legs, with more on the left side. Without medication, the severity of pain was 9-10 out of 10. With medication, the pain goes down to 3-4 out of 10. The injured worker stated that the pain was worse recently. The physical examination of the lumbar spine showed tenderness of the paravertebral muscle in the lower lumbar region, positive left straight leg raise test, and decreased sensation to light touch over the left L4 and L5 dermatomes. It was noted that the injured worker had no significant relief with conservative measures. The treating physician requested a left transforaminal lumbar epidural steroid injection at L2-3 and L3-4 under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal lumbar epidural steroid injection at L2-L3 and L3-L4 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 documentation of the physical examination does not support the diagnosis of radiculopathy at L2-3 and L3-4. There is no corroboration of nerve root impingement on MRI. Criteria for epidural steroid injections have not been met. The request is not medically necessary.