

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 10/13/2011
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003122

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical Rationale

The patient is a 33 year old male with a date of injury of 10/13/2011. The provider has submitted a prospective request for 1 repeat lumbar epidural steroid injection (ESI) at the right L5-S1 level.

According to the submitted documentation, on 6/24/2013 [REDACTED] M.D. reported the patient with moderate back pain, rated 4/10, and neck pain, rated 2/10. He noted improvement in the neck. Upon examination, mild cervical and lumbar tenderness was noted with decreased range of motion. Objecting findings did not demonstrate neurological deficits. According to a 2/4/2013 progress report, Dr. [REDACTED] indicated the patient had failed to substantially improve with physical therapy and two prior ESIs. The patient was diagnosed with multilevel cervical disc bulges with radiculopathy and L5/S1 disc bulge/annular tear with radiculopathy. A 1/17/2013 MRI confirmed these diagnoses. Treatment history included a 2012 L5-S1 ESI which provided 90% improvement over 6 weeks. The patient was returned to modified, light duty on 5/20/2013, with a 10 pounds lifting restriction.

IMR DECISION(S) AND RATIONALE(S)

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

1. One (1) repeat lumbar epidural steroid injection, L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural Steroid Injections (ESIs), which is part of the MTUS.

The Physician Reviewer's decision rationale:

Per the Chronic Pain Medical Treatment Guidelines (p.46), epidural steroid injections are “recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a “series of three” ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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. (Armon, 2007) See also Epidural steroid injections, “series of three.”

“Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.”

The provider requesting a third epidural steroid injection does not provide any reasoning or medical documentation consistent with the guidelines above to support this request. The claimant has a mild to moderate neck and back pain, without significant exam findings demonstrating radiculopathy or neurocompromise. The claimant is at work with physical restrictions, is taking ibuprofen for pain management, and is participating in physical therapy. Although the claimant had significant relief from the prior epidural steroid injections, they were of short benefit, and there is no description of any improvement in function that resulted from these injections. As the guidelines describe above, the epidural steroid injection is not intended to be a pain management modality, and should only be used up to two times.

After a professional and thorough review of the documents, my analysis is that the request for 1 repeat lumbar epidural steroid injection L5-S1 is not medically necessary

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[REDACTED]

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