MAXIMUS Federal Services

Case Number:	CM13-0037620		
Date Assigned:	12/18/2013	Date of Injury:	10/18/2011
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Medicine and is licensed to practice in Arizonia. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 41 year old male with DOI on 10/21/2011. The patient sustained injuries to shoulder, neck, knees and back. The patient has ongoing back pain that is exacerbated by movement, complains of throbbing pain and radiation to the left lower extremity. Treatment measures have included physical therapy, pain medications, steroid injections and behavioral therapy. Diagnoses include lumbago, and displacement lumbar disc w/o myelopathy. Previous MRI from 2012 revealed mild disc herniation at L5-S1. Physical exam demonstrates severe tenderness to palpation to lumbosacral area, with decreased range of motion, and bilateral positive straight leg raise. Motor and sensory exam was normal. Recent medications have included Norco and Fetanyl patches, which patient discontinued due to being ineffective and caused cognitive side effects. Patient received an epidural steroid injection on 8/20/13, which resulted in 50-60% pain relief at 2 weeks s/p procedure. Medical records from surgical consultation in 4/13 indicate that patient has "undergone multiple steroid injections with [redacted] with only transient benefit." There is no other provided documentation that indicates the dates or outcomes of these injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 second Epidural Steroid Injection: 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: CA MTUS notes that 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. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to 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. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. Records show that ESI on 8/20/13 resulted in 50-60% pain relief. An inadequate response (ODG ESI chapter) of <30% would not warrant a second ESI. This patient had improved with this ESI, which could warrant a second injection. Unfortunately, records allude that the patient had previously undergone multiple steroid injections without long-term benefit. Since no records have been submitted that clarify the time-frame of these injections and the resultant outcome, the medical necessity of a repeat ESI has not been established at this time.