MAXIMUS Federal Services

Case Number:	CM13-0047978		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2002
Decision Date:	02/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, District of Colombia and Florida. 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:

As per medical records provide for review this is a patient is a 65 year old male with a date of injury of 7/29/02. Details of patient medical history with respect to this injury was not found in the Medical report from [redacted] on 9/17/2013 which states: This patient returns with an increase in left leg pain. ESI was done last year. Response was transient, but quantified reduction is not discussed. He has a history of prior fusion. Exam shows a negative SLR. There is reduced ROM. Patient has had epidural injection in the past that was essentially ineffective with respect to pain relief. ESI is requested at L2-3 and L4-5 which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraforaminal epidural steroid injection L2-3, L4-5, L5-S1 on the left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: This patient has had previous Epidural Steroid injection which was reported as being of no benefit. Guidelines only support repeat ESI if there was reduction in symptoms 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. In addition, the guideline also stated that no more than two nerve root levels should be injected using transforaminal blocks, but in this patient the provider is requesting for epidural steroid injection at L2-3, L4-5 and L5-S1, which is not medically necessary. CA-MTUS (Effective July 18, 2009), page 46 of 127, stipulates that "the purpose of Epidural Steroid Injections (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". Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery.