MAXIMUS Federal Services

Case Number:	CM14-0000117		
Date Assigned:	02/07/2014	Date of Injury:	05/17/2003
Decision Date:	08/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/01/2014

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 Physical Medicine & Rehabilitation, 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. 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:

The injured worker is a 50-year-old male who reported an injury after he fell off a ladder on 05/17/2003. The clinical note dated 12/17/2003 indicated diagnoses of degenerative disc disease of the lumbar and degenerative disc disease of thoracic. The injured worker reported pain primarily in the low back. He also reported pain in the midline of the mid-portion of the thoracic spine. He reported bilateral knee pain described as aching; worse when sitting, standing, walking, bending, and lifting. He reported it was relieved with rest, massage, and heat. The injured worker reported his daily activities were limited secondary to pain and he had difficulty sleeping at night secondary to pain. The injured worker reported he underwent a transforaminal lumbar epidural steroid injection at L4-5 on 01/21/2012, with greater than 60% relief for more than 2 months. The injured worker's official MRI of the thoracic dated 02/21/2013 revealed small right paracentral disc protrusion at T7-8, otherwise unremarkable study. This was no change from the MRI of the thoracic spine dated 09/16/2011. On physical examination of the lumbar spine, there was moderate tenderness to midline of the lower lumbar spine, moderate tenderness to the midline of the mid portion of the thoracic spine. The injured worker's range of motion for the lumbar spine revealed flexion of 70 degrees, extension of 5 degrees, left lateral flexion and right lateral flexion of 5 degrees, left lateral rotation and right lateral rotation of 15 degrees. The injured worker had tenderness over both knees. The lower extremity sensory exam was reduced sensation along the entire right leg and along the entire left leg. The injured worker had a negative straight leg raise test. The injured worker's prior treatments included diagnostic imaging, 1 transforaminal lumbar epidural steroid injection, physical therapy, and medication management. The provider submitted a request for transforaminal lumbar epidural steroid injection and thoracic epidural steroid injection. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION BILATERALLY AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The request for One (1) Transforaminal Lumbar Epidural Steroid Injection Bilaterally at L4-5 is not medically necessary. The California Chronic Pain Treatment Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines indicate that 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. Injections should be performed using fluoroscopy (live x-ray) for guidance. The documentation submitted indicated the injured worker had one prior epidural steroid injection. In addition, there was a lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation. Although the injured worker did report 50% or more improvement, there was a lack of quantified pain relief and reduction of medication use in the documentation. Furthermore, the request does not indicate fluoroscopy for guidance. Therefore, the request or transforaminal lumbar epidural steroid injection bilaterally at L4-5 is not medically necessary.

1 THORACIC EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The request for One (1) Thoracic Epidural Steroid Injection Under Fluoroscopic Guidance is not medically necessary. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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. 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 injured worker did report tenderness to palpation over the mid portion of the thoracic spine. However, there were no dermatomal deficits.In addition, the request did not indicate a level for the thoracic epidural steroid injection. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for thoracic epidural steroid injection under fluoroscopic guidance is not medically necessary.