MAXIMUS Federal Services

Case Number:	CM14-0001305		
Date Assigned:	06/16/2014	Date of Injury:	01/19/2008
Decision Date:	08/04/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert 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 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/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:

This case is a 54-year-old male with a date of injury on 1/12/2008. A review of the medical records indicate that the patient is undergoing treatment low back, bilateral knee, an right hip pain. Subjective complaints (12/12/2013) include low back pain with radiation to right lower extremity, right groin pain increasing with abduction of hips, and bilateral knee pain. On 10/31/2013 the treating physician writes, "medications does not take away his pain but helps some". Objective findings (12/12/2013) include antalgic gait with normal lordosis, symmetrical deep tendon reflexes of patella/achilles, 15 degree lumbar extension, 50 degree lumbar flexion, bilateral straight leg raise, spasms/guarding of lumbar spine, and 4/5 strength throughout lower extremities. MRI of the lumbar spine (10/23/2013) revealed multilevel degenerative disc changes and disc herniation at L3-4 and L4-5. Treatment has included capsaicin cream, gabapentin 600mg, nabumetone-relafen 500mg, protonix 20mg, advil OTC, alprazolam, aspirin OTC, atenonol, and fluoxetine. A utilization review dated 12/20/2013 non-certified a request for L4-L5 AND L5-S1 BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION due to inadequate documentation of conservative treatment outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 Bilateral Transforaminal Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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 were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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.Radiculopathy does appear to be documented with imaging studies.The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physica therapy, etc). As such, the request for L4-L5 AND L5-S1 BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION is not medically necessary.