MAXIMUS Federal Services

Case Number:	CM14-0006268		
Date Assigned:	05/23/2014	Date of Injury:	04/29/2010
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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:

The claimant is a 60-year-old male presenting with chronic pain following a work-related injury on April 29, 2010. On December 27, 2013 the claimant presented with back pain radiating to the right ankle, bilateral calf, bilateral feet, bilateral thighs, and lower and mid thoracic spine. The claimant describes the pain as deep, diffuse, discomforting, numbness, sharp, and throbbing. The physical exam revealed lumbar spine tenderness and moderately reduced range of motion. The claimant has tried Lidoderm patches with some benefit. An epidural steroid injection was performed on April 10, 2013. The claimant was diagnosed with COAT, chronic pain due to trauma, unspecified myalgia and myositis, radiculopathy thoracic or lumbosacral, spondylosis lumbar without myelopathy, spinal stenosis of the lumbar region, and sciatica. The claimant's medications include Oxycontin 40mg, Oxycodone 20mg, and Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

L/S TRANSFORAMINAL EPIDURAL INJECTION S1 BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines; and the AMA guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that the purpose of epidural steroid injections (ESIs) 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and if the ESI is for diagnostic purposes, a maximum of two injections should be performed. 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 6-8 weeks, with the general recommendation of no more than four blocks per region per year. Current research does not support a series of three injections in either the diagnostic or therapeutic phase. The claimant had an epidural steroid injection previously and there was a lack of documentation quantifying his response. Without previous benefit of at least 50% for at least six weeks, the requested procedure is not medically necessary.