MAXIMUS Federal Services

Case Number:	CM14-0119046		
Date Assigned:	08/06/2014	Date of Injury:	02/25/1998
Decision Date:	10/02/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family 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 is a 65-year-old male who reported an industrial injury to the back on 2/25/1998, over 16 years ago, attributed to the performance of his usual and customary job tasks reported as the cumulative trauma of heavy lifting. The patient complains of low back pain with radiation to the right lower extremity with numbness and tingling. The patient had a lumbar spine fusion at L4-L5 on 10/7/1998. The patient is noted to have had two separate lumbar spine ESI's during 2007. The patient is also status post radiofrequency ablation. The objective findings on examination included altered gait with a limp on the right lower extremity; diminished range of motion lumbar spine; tenderness to palpation in the right paraspinal; positive SLR on the right. The patient was previously assessed as permanent stationary. The treatment plan included a repeated lumbar epidural steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5 and L5 - S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 179-180,Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI

Decision rationale: The use of lumbar spine epidural steroid injections (ESIs) is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or Electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain with subjective radiation to the right lower extremity. The requested ESI is directed to lumbar spine DDD with no evidence of a nerve impingement radiculopathy. There was no documented sensory deficit to the right lower extremity and no documented progressive neurological deficit. There is no documented rehabilitation effort. The patient is documented to have received two prior lumbar spine ESIs with no sustained functional improvement. The CA MTUS does not recommend more than two (2) lumbar ESIs. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The California MTUS requires that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The ACOEM Guidelines do not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended if the patient obtains 50-70% pain relief for at least 6-8 weeks. Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include acute exacerbations of pain or new onset of symptoms. Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a repeated lumbar spine ESI to L4-L5 and L5-S1 for the reported chronic pain issues.