MAXIMUS Federal Services

Case Number:	CM14-0171629		
Date Assigned:	10/23/2014	Date of Injury:	06/27/2012
Decision Date:	12/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old female with an injury date of 06/27/12. Based on the progress report dated 08/27/14, the patient complains of intermittent lower lumbar pain bilaterally that radiates to the right lower extremity. The pain is rated 6-7/10 and increases with activity. The patient also experiences weakness, numbness and tingling in the right lower extremity along with pain rated 5/10. She has tremors and twitches on both lower extremities. She also suffers from pain in both hands rated at 5/10. Physical examination reveals tenderness of the lumbar spine, right SI joint, and right piriformis. She was unable to perform in heel and toe walking test. The lumbosacral range of motion was limited. Straight leg raise was positive on the right. In progress report dated 08/20/14, the patient complains of neck pain and lower back pain rated at 6/10. She also has numbness, tingling and pain and spasms in the left leg. The patient also suffer from gastrointestinal issues, as per progress report dated 08/01/14. The patient received lumbar epidural steroid injection 02/15/13. "It led to 80% relief of the lower back at rest immediately after the injection," as per progress reported 08/27/14. Patient has had 6 sessions of physical therapy and chiropractic treatment as well, as per the same progress report. She is taking Relafen and Ibuprofen along with anti-hypertension drugs. The patient uses a cane and cannot stand for more than 1 minute without it, as per progress report dated 08/27/14. The third lumbar epidural injection, which the patient received on 04/04/14 helped reduce lower back pain and extent of numbness and tingling in the left leg, as per progress report dated 08/20/14. Patient was also prescribed a home-exercise program as per the same report. MRI of the Lumbar Spine, as per progress report dated 08/27/14: - Grade 1 Spondylethesis of L4 on L5- Disc herniation at L4-5 and L5-S1 with disc space narrowing and IVF encroachment.EMG/NCV, 01/14, as per progress report dated 08/20/14: Mild, chronic L4/L5 radiculopathy, right greater than left. Diagnosis on

08/27/14 included the following:- Sprains/Strains of Lumbar Spine- Lumbar disc bulge with radiculitis, status post epidural injection.The treater is requesting for Lumbar Epidural Steroid Injection Times 2. The utilization review determination being challenged is dated 10/06/14. The rationale was "The history and documentation do not objectively support the request for two additional epidural steroid injections at this time." Treatment reports were provided from 05/13/14 - 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

Decision rationale: The patient presents with intermittent lower lumbar pain bilaterally, rated at 6-7/10, that radiates to the right lower extremity. The patient also experiences weakness, numbness and tingling in the right lower extremity along with tremors and twitches on both lower extremities, as per progress report dated 08/27/14. The request is for Lumbar Epidural Steroid Injection Times 2. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," For repeat injections 50% pain reduction, functional improvement and medication reduction need to be documented.As per progress report dated 08/27/14, the prior lumbar ESIs "led to 80% relief of the lower back at rest immediately after the injection." The MRI of the lumbar spine indicated disc herniation at L4-5 and L5-S1 with disc space narrowing and IVF encroachment, as per the same progress report. The pain returned after some time and the treater seeks two additional lumbar epidural steroid injection. MTUS guidelines under chronic pain section page 46 state that "Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended." In this case, the patient has already received three ESIs, as per progress report dated 08/20/14. More importantly, there is no evidence that these injections are helping more than 50% lasting 6-8 weeks with functional improvement. The request for Lumbar Epidural Steroid Injection Times 2 is not medically necessary.