MAXIMUS Federal Services

Case Number:	CM14-0033991		
Date Assigned:	06/20/2014	Date of Injury:	09/25/1996
Decision Date:	08/08/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 39-year-old man who was injured in 1996 when pulling a heavy hydrolift to a truck. He has had chronic back pain ever since. He has clinical signs of lumbar radiculopathy with bilateral buttock pain that radiates to both knees and sometimes to his feet. An MRI and EMG both obtained in April of 2010 confirmed lumbar radiculopathy. The MRI showed bilateral spondylolysis of L5 with 2-3 mm spondylolisthesis at L5 and severe foraminal stenosis at L5-S1. The EMG confirmed bilateral lumbar nerve root impingement involving L4, L5 and S1, left worse than right. The patient has had multiple prior epidurals (July 2010, July 2011, and December 2012) that gave the patient significant relief. The last epidural was on November 2, 2013 that gave only a little relief. The physician is requesting a second epidural to seek more benefit. The patient has tried many conservative therapies including anti-inflammatories, Physical Therapy, chiropractic and acupuncture treatments and transcutaneous electric nerve stimulation (TENS) unit with inadequate benefit (though the TENS does provide some benefit).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar epidural steroid injection under fluoroscopy at right L5-S1 as an oupatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural SteroidInjections Page(s): 46 OF 127.

Decision rationale: The MTUS states that if there are symptoms suggestive of a radiculopathy that it must be documented by physical exam and corroborated by imaging or EMG. The patient clearly meets this criteria as he has clinical, radiological and electrodiagnostic findings consistent with lumbar radiculopathy. Additionally, the MTUS states an epidural injection (ESI) should not be done unless the patient is initially unresponsive to conservative treatment such as exercise, physical therapy, anti-inflammatories or muscle relaxants. This patient has had inadequate response from the multiple conservative treatments tried. Yet he has had good benefit from the multiple prior epidural injections; however, the last one in November of 2013 only gave partial benefit. The MTUS states for diagnosis purposes, no more than 2 lumbar epidurals can be approved at a time. If the first injection offers only partial success, a second injection can be obtained. A third or more injection is rarely helpful. Furthermore, the criteria for receiving ongoing therapeutic ESIs should be based on continued objective documented pain and functional improvement, including at least 50% relief with an associated reduction of medication use for 6-8 weeks; there is a general recommendation that no more than 4 blocks per region per year should be performed. Because this patient has a clear cut history of benefit, multiple times it is reasonable to expect that the patient will continue to get benefit. However, the epidural in November gave only partial benefit and thus a second epidural is found to be medically necessary to determine if this patient might get the same level of improvement that he has previously obtained. The requst for 1 lumbar epidural steroid injection under fluoroscopy at right L5-S1 as an oupatient is medically necessary and appropriate.