MAXIMUS Federal Services

Case Number:	CM14-0044208		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2003
Decision Date:	10/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The patient is a 65 year-old woman who was injured at work on 7/2/2003. The injury was primarily to her back. She is requesting review of denial for a Pain Management Consult and for a Transforaminal Epidural Steroid Injection (TESI) at L4-5.Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Reports. She is described as having moderate pain in her back with radiation into both legs. Her examination was notable for mild limitation of motion of the lower back. She had no focal neurologic deficits from L2 through S1 for motor or sensory components of the examination. Her chronic diagnoses include: Multi-Level Lumbar Degenerative Disc Disease; Lumbar Facet Syndrome; and Lumbar Focal Spinal Stenosis at L4-5. She was treated with Capsaicin and a TENS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 46, 2010 revision, Web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-33.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the criteria for a Pain Management Referral for engagement in a Chronic Pain Program. Based on the information provided in the medical records, the patient does not meet the criteria for involvement in a chronic pain program. Specifically, there is no documentation that baseline functional testing has been performed so follow-up with the same test can note functional improvement. There is insufficient documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. For example, there is insufficient documentation that the patient has been involved in a trial of Physical Therapy or has been given an adequate trial of analgesic and/or anti-inflammatory medications. There is insufficient evidence that the patient has a significant loss of ability to function independently resulting from the chronic pain. Therefore, a Pain Management Consult is not considered as medically necessary at this time.

Transforaminal epidural steroid injection (TESI), L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, p.46, 2010 Revision, Web Edition

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) for the management of lumbar pain. ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended.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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence. The records indicate that this patient does not have radiculopathy as a component of her chronic pain syndrome as evidenced by the documentation in the medical records. Therefore, ESI is not considered as a medically necessary treatment.