MAXIMUS Federal Services

Case Number:	CM14-0073528		
Date Assigned:	07/16/2014	Date of Injury:	03/13/2013
Decision Date:	11/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 Colorado. 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:

56 year old female with date of injury 3/13/2013, continues follow up with treating physician. She has low back pain which she describes as sharp, radiating to bilateral shoulders, and into bilateral legs. She also notes numbness and tingling in right lower extremity. Her pain at the most recent office visit available for review, 4/16/2014, is rated 8/10 which is equal to or higher than previous pain ratings. Per the records supplied, she has tried and failed conservative therapies. She is maintained on Norco as needed. The records do not indicate how often injured worker requires Norco or if her use changed over time. Injured worker had bilateral L4-L5 epidural injection 1/22/2014, and 2 weeks post-procedure reported 30% relief and no real change in overall status. At the 4/16/2014 office visit, the treating physician documented that injured worker now reported 50% relief with decreased numbness / tingling, improved sleep and improved ability to perform activities of daily living. The treating physician requests a second bilateral transforaminal epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Bilateral L4-L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs (Epidural Steroid Injections). Decision based on Non-MTUS Citation Title 8. Industrial Relations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 45-46.

Decision rationale: Per the Guidelines, Epidural steroid injections (ESIs) are recommended for treatment of radicular pain if conservative measures have failed. The Guidelines specify several criteria for use of epidural steroid injections, and all criteria must be met. New evidence suggests no more than 2 epidural steroid injections, not the previously recommended "series of 3." Epidural steroid injections have not been shown to provide lasting pain relief and have no proven effect on long term function. Based on the evidence, epidural steroid injections are best used for short-term pain relief (no more than 3 months), in conjunction with other measures including continued exercise. Per the records supplied, Radiculopathy is well documented on examination, but has no corroborating imaging or tests. Injured worker's symptoms have been unresponsive to conservative therapies including physical therapy, chiropractic care, medications, rest, and home exercises. Per the most recent notes, injured worker reports achieved 50% pain relief and improved function after initial injection; however, there is no documentation of change in medication usage since initial injection. While injured worker meets some of the criteria for epidural steroid injections, there is no supporting documentation for radiculopathy (MRI or electrodiagnostics), and no documentation of a reduction in pain medication use for 6-8 weeks. As the documents provided do not indicate that injured worker meets the criteria set forth in the MTUS Guidelines for epidural steroid injection use, the request for a second transforaminal epidural steroid injection L4-L5 is not medically necessary.