MAXIMUS Federal Services

Case Number:	CM14-0189939		
Date Assigned:	11/21/2014	Date of Injury:	12/08/2008
Decision Date:	01/21/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 28-year-old male with a 12/08/2008 date of injury, and who is status post laminectomy (2007) and status post L4-S1 fusion (9/27/10). At the time (11/10/14) of request for authorization for lumbar epidural steroid injection on the right L4-L5 through caudal approach with lysis of adhesions, lumbar epidurography, IV sedation and fluoroscopy guidance, there is documentation of subjective complaints of lower back pain rated 5/10, pain radiation into the lower extremities. The objective findings include 5/5 motor strength, lumbar extension 10, lumbar flexion 50 degrees, spams and guarding in the lumbar spine, reflexes 2+ and symmetrical and sensory in the lower extremities within normal limits. Imaging findings include lumbar spine MRI dated 3/10/09 that revealed a 4 mm central/right paracentral disc protrusion at the L4-5 level which combines with retrolisthesis and facet joint hypertrophy to cause moderate bilateral neural foraminal narrowing; report not available for review. Current diagnoses include lumbar disc displacement without myelopathy and lumbar post laminectomy syndrome. Treatment to date includes medications and epidural steroid injections. On 11/4/14 medical report identifies that the patient had 5-6 epidurals over the course of 2-3 years and that the most recent epidural provided 40-50% pain decreased for approximately 3-4 months. In addition, the patient was able to walk for significantly longer periods of time, up to 15-20 minutes, and had a decrease on OxyContin from 40 mg to 20 mg and on Nucynta dose to 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection on the right l4-l5 through caudal approach with lysis of adhesions, lumbar epidurography, IV sedation and fluoroscopy Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web 2014, Low Back, Adhesiolysis, Percutaneous

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs) and Lysis of Epidural Adhesions (Adhesiolysis)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region, per year. In addition, a decreased need for pain medications and functional response is a criterion necessary to support the medical necessity of additional epidural steroid injections. In addition, ODG identifies that adhesiolysis (lysis of epidural adhesions), percutaneous is not recommended and investigational at this time; and that adhesiolysis (lysis of epidural adhesions), spinal endoscopic is under study. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy and lumbar post laminectomy syndrome. In addition, there is documentation of at least 50% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with prior epidural steroid injection. However, there is documentation of an associated request for Lysis of Adhesions. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection on the right L4-L5 through caudal approach with lysis of adhesions, lumbar epidurography, IV sedation and fluoroscopy guidance is not medically necessary.