MAXIMUS Federal Services

Case Number:	CM14-0194969		
Date Assigned:	12/02/2014	Date of Injury:	07/06/2011
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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:

This 40 year old woman sustained an industrial injury on 7/6/2011. Evaluations have included EMG/NCS on 9/16/2008 that was unable to confirm C6-C7 radiculopathy with cervical paraspinal testing; MR of right shoulder without contrast on 1/15/2009 showing moderate subacute bursitis, x-ray of the right shoulder on 1/15/2009 showing a normal shoulder; EMG/NCS on 10/12/2011 which was essentially normal and showed no evidence of right or left LS radiculopathy, LS plexopathy, peripheral neuropathy, or distal LE mononeuropathy; lumbar spine x-ray on 10/26/2014 showing a normal spine; MRI of the lumbar spine on 10/26/2014 showing disc bulging without tearing at L5-S1 leading to mild central stenosis and facet capsulitis and degenerative change of the facet at L3-L4, L4-L5, and L5-S1; and EMG/NCS 6/21/2012 showing evidence of a right lower extremity plexopathy or mononeuropathy. Other treatments include oral medications, H-wave unit, lumbar stabilization brace, physical therapy, surgical consultation with recommendations made for surgery, psychotherapy, and lumbar radiofrequency ablation which provided over 80% pain relief for several months. Physician's notes from a visit on 12/5/2014 show the worker expressing that the oral medications are less effective, experiencing increased pain levels, and decreased sleep quality and activity levels. The worker is determined to be permanent and stationary and is able to work part time with restrictions and modified equipment recommendations.On 11/14/2014, Utilization Review evaluated a request for one transforaminal lumbar epidural steroid injection. The physician noted that there was no documented finding of radiculopathy per examination on 10/31/2014 and the worker stated that the oral medications were working well for pain control. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Transforaminal Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.The documentation submitted for review does not contain physical exam findings of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Per progress report dated 12/5/14, deep tendon reflexes were within normal limits; ankle jerk was 2/4 bilaterally, and patellar jerk was 2/4 bilaterally. Sensory examination noted hypersensitivity to touch to left L3, L4, L5. As the first criteria is not met, the request is not medically necessary.