MAXIMUS Federal Services

Case Number:	CM15-0000693		
Date Assigned:	01/12/2015	Date of Injury:	03/01/2014
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51 year old female, who sustained an industrial injury on 03/01/2014. She has reported neck pain and low back pain. The diagnoses have included C5-6 herniated nucleus pulposus with cord impingement, and L4-L5 spondylolisthesis and stenosis. Treatment to date has included medications and physical therapy. An MRI of the lumbar spine, dated 04/24/2014, was remarkable for early disc desiccation noted at the L4-5 and L5-S1 levels; grade 1 anterolisthesis of L4 over L5; L4-L5 diffuse disk protrusion with left preponderance compressing the thecal sac; and L5-S1 diffuse disk protrusion with effacement of the thecal sac. A progress note from the treating physician, dated 12/03/2014, documents a follow-up evaluation of the injured worker. The injured worker reported continued back pain and radiating leg pain, as well as neck pain with some shoulder pain, and headaches. Objective findings included difficulty getting from the sitting to standing position; antalgic gait and is slightly hunched forward; tender to palpation in the low back; very positive straight leg raise on the right; radicular symptoms down the lateral aspect of her leg, associated with numbness and tingling; mild decreased patellar reflex on the right; and lumbar x-rays reviewed revealed evidence of a spondylolisthesis at L4-5. The treatment plan was documented to include continuation with avoidance activities with regard to the neck; requesting authorization for an L4-L5 epidural injection; and follow-up evaluation in 6 weeks. On 12/18/2014 Utilization Review non- certified 1 Lumbar Epidural Steroid Injection at the L4-L5, noting the lack of documentation demonstrating significant objective findings of neurological deficit including weakness and decreased sensation. The MTUS Chronic Pain Medical Treatment Guidelines: Epidural Steroid

Injections was cited. On 12/20/2014, the injured worker submitted an application for IMR for review of 1 Lumbar Epidural Steroid Injection at the L4-L5.

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 at the L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs)

Decision rationale: The patient presents with complaints of lower back pain radiating to both lower extremities with a pain scale of 8/10. The request is for 1 LUMBAR EPIDURAL STEROID INJECTION AT THE L4-L5. Physical examination to the lumbar spine on 10/28/14 revealed tenderness to palpation to the paravertebral musculature and sciatic notch region. Based on the 10/02/14 progress report, patient is to remain off-work until 11/04/14.The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections."Based on the 10/28/14 progress report, treater's states, "... the goal is to reduce the patient's pain and inflammation and help restore range of motion by facilitating progress in more active treatment programs to avoid surgery..." Patient presents with radicular pain. Straight leg raise test in the modified sitting position was positive at 60 degrees bilaterally. Patient's MRI findings include Grade I anterolisthesis with 4.5 mm left paracentral disc protrusion compressing the thecal disc at L4-5, bilateral lateral recess stenosis with facet hypertrophy resulting in bilateral neutral foraminal stenosis, with effacement and encroaching at the bilateral L-4 nerve roots, and a diffuse disc protrusion with a diffuse 3-mm disc protrusion at L5-S1. There is no record of prior

lumbar ESI in revew of medical records. The reason for lumbar epidural appears valid. Therefore, the request IS medically necessary.