MAXIMUS Federal Services

Case Number:	CM15-0003606		
Date Assigned:	01/14/2015	Date of Injury:	05/02/2008
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 37 year old male, who sustained an industrial injury on 05/02/2008. He has reported low back pain and leg pain. The diagnoses have included chronic lumbar back pain, lumbosacral sprain, degenerative lumbar spinal stenosis, and chronic left leg radicular symptoms. Treatment to date has included medications, caudal epidural steroid injection, and surgical intervention. Medications have included Vicodin, Neurontin, and Lidoderm patches. Surgical intervention has included anterior discectomy and fusion at L4-L5 and L5-S1 with graft placement, and pedicle screw instrumentation for L4-S1, performed on 01/28/2011. A progress note from the treating physician, dated 10/20/2014, documented a follow-up visit with the injured worker. The injured worker reported moderate-severe pain in the middle back, lower back, and gluteal area; pain is described as ache, burning, and sharp; symptoms are aggravated by daily activities, bending, sitting, standing; symptoms are relieved by ice and pain medications; pain is rated at 7/10 on the visual analog scale without medication, and 5/10 with medication; and reports no benefit from the caudal epidural performed on 10/03/2014. Objective findings include antalgic gait on the left; mild spasm, tenderness to L4, L5, spinous, paraspinous, sciatic notch, hardware; and left buttock pain. The treatment plan included continuation of medications; schedule transforminal epidural lumbar; and follow-up visit. On 12/19/2014 Utilization Review non-certified 1 Left L4-L5 and L5-S1 transforaminal epidural injection, noting the lack of benefit from the epidural corticosteroid injection on 10/03/2014. The MTUS Chronic Pain Medical Treatment Guidelines, and the ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2004):

Epidural steroid injections, were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of 1 Left L4-L5 and L5-S1 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left L4-L5 and L5-S1 transforaminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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 were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the unresponsiveness to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). The most recent block he was unresponsive to on 10/3/14 via caudal approach. As such, the request for L4-L5 AND L5-S1 LEFT TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION is not medically necessary.