MAXIMUS Federal Services

Case Number:	CM15-0009444		
Date Assigned:	02/04/2015	Date of Injury:	08/28/2004
Decision Date:	04/30/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old male, who sustained an industrial injury on 8/28/04. The injured worker has complaints of low back and right greater than left radicular pain. The pain is worse with walking described as being constant burning, aching, shooting, sharp pain with associated paresthesia. The spinal cord stimulator is helping to reduce the pain but is not covering all of the radicular pain. The documentation noted on the 11/25/14 he uses Norco on the weekend and after work to reduce the pain and to allow him to sleep through the entire night. The diagnoses have included lumbago, post-laminectomy syndrome of lumbar region, sciatica, and post laminectomy syndrome. According to the utilization review performed on 12/19/14, the requested Lumbar epidural steroid injection at L3-4 with moderate sedation has been non-certified and the requested Norco 10/325mg #30 has been certified. CA Chronic Pain Medical Treatment Guidelines, May 2009 radiculopathy and Guidelines for epidural steroid injection was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-4 with moderate sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Anderson GBJ,

Cocchiarella L, American Medical Association: Guides to the Evaluation of Permanent Impairment, 5th edition, December 15, 2000 (pages 382-383).

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 contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The CT findings documented do demonstrate findings consistent with 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. These findings are documented, so medical necessity is affirmed. The IW is refractory to lumbar surgery and SCS. As the criteria are met, the request is medically necessary.