

Case Number:	CM15-0103273		
Date Assigned:	06/05/2015	Date of Injury:	02/17/2013
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: Emergency Medicine

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 61 year old female who sustained an industrial injury on 2/17/13. The injured worker was diagnosed as having lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbago and myofascial pain syndrome. Currently, the injured worker was with complaints of neck and lower back discomfort. Previous treatments included medication management, injection therapy, and physical therapy and aqua therapy. Previous diagnostic studies included a magnetic resonance imaging revealing mild central canal stenosis and mild/moderate bilateral neural foraminal narrowing at L4-L5. The injured workers pain level was noted as 5-6/10 in the neck and rates the pain level in the back at 7-8/10. Physical examination was notable for tenderness to palpation to bilateral mid to lower lumbar paraspinal muscles. The plan of care was for epidural steroid injection and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar L4 Transforaminal Epidural Steroid Injection, Qty 1: Upheld

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

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

Decision rationale: The request is for epidural steroid injections, which is an injection of a corticosteroid into the epidural space, typically used in the lumbar spine to treat chronic low back pain. It is recommended as an option for treatment of radicular pain. The purpose of ESI is 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 functional benefit. On average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of epidural steroid injections 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The MTUS guidelines recommends no more than 2 ESI injections. The injured worker has already received 3 epidural steroid injections. Not only does this exceed the recommendation, but there is documentation of insufficient relief to demonstrate significant benefit. Further epidural steroid injections are unlikely to provide significant benefit given the documentation provided and the history of the injured worker. The request as written is not supported by the MTUS guidelines, and is therefore not medically necessary.

Bilateral Lumbar L5 Transforaminal Epidural Steroid Injection, Qty 1: Upheld

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

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

Decision rationale: The request is for epidural steroid injections, which is an injection of a corticosteroid into the epidural space, typically used in the lumbar spine to treat chronic low back pain. It is recommended as an option for treatment of radicular pain. The purpose of ESI is 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 functional benefit. On average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of epidural steroid injections 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The MTUS guidelines recommends no more than 2 ESI injections. The injured worker has already received 3 epidural steroid injections. Not only does this exceed the recommendation, but there is documentation of insufficient relief to demonstrate significant benefit. Further epidural steroid injections are unlikely to provide significant benefit given the documentation provided and the history of the injured worker. The request as written is not supported by the MTUS guidelines, and is therefore not medically necessary.

Lunesta 2 mg at bedtime, Qty 30 (retrospective, dispensed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Non Benzodiazepine sedative hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: The request is for Lunesta, which is the trade name for eszopiclone, which is a non-benzodiazepine hypnotic that is prescribed for the short-term treatment of insomnia. The MTUS guidelines are silent on non-benzodiazepine hypnotic use. Use of Lunesta is not recommended for longer than 35 days. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have the potential for abuse and dependence. They are well documented to cause abnormal thinking and bizarre behavior. Rebound insomnia will occur after prolonged use. Without clear documentation of a severe insomnia that is limiting the functional improvement of the injured worker, the risk of prolonged use of Lunesta exceeds the potential benefit, and therefore it is not medically necessary.

Flexeril 7.5 mg, 2 times daily as needed, Qty 60 (retrospective, dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants for Pain Page(s): 41-42; 64.

Decision rationale: The request is for Flexeril, which is the trademark name for Cyclobenzaprine, which is an antispasmodic, used to decrease muscle spasm in conditions such as low back pain, although these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most antispasmodics is not known. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request as written exceeds the recommendations of the MTUS guidelines, and without proven benefit, and is therefore not medically necessary.