MAXIMUS Federal Services

Case Number:	CM15-0106889		
Date Assigned:	06/11/2015	Date of Injury:	11/30/2009
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 11/30/09. She reported a low back injury due to repetitive trauma lifting heavy boxes of books. The injured worker was diagnosed as having post lumbar laminectomy syndrome, radiculopathy, spinal/lumbar degenerative disc disease and depression. Treatment to date has included lumbar fusion, epidural steroid injection, oral medications, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 3/17/14 noted degenerative joint disease in lumbar region, L3-4 hypertrophy with stenosis and L4-S1 fusion. Currently, the injured worker complains of low back pain rated 4/10 with medications. She notes her pain has increased since previous visit. She is not working. Physical exam noted slow gait, restricted range of motion of lumbar spine with hypertonicity, spasm and tenderness of lumbar paravertebral muscles. The treatment plan included Transforaminal lumbar epidural injection L5-S1 on left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TFESI L5-S1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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.In this case the claimant had a prior ESI before spinal fusion that did not provide relief. In addition, there was mention of doing a medial branch block which would only be recommended if there were no radicular findings. The MRI report does not mention nerve root involvement. In addition, there is no mention of fluoroscopy. The request for the ESI above is not medically necessary.