MAXIMUS Federal Services

Case Number:	CM15-0109357		
Date Assigned:	06/10/2015	Date of Injury:	07/02/2006
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina
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 46-year-old male, who sustained an industrial injury on 7/2/06. The injured worker was diagnosed as having lumbar degenerative disc disease, facet arthropathy of the lumbar spine, and lumbar radiculopathy. Treatment to date has included back surgery in 2007 and right medial branch blocks at L2-3, L3-4, and L5-S1. Other treatment included Ibuprofen, Robaxin, and Capsaicin cream. Currently, the injured worker complains of right sided low back pain and mid back pain. The treating physician requested authorization for a transforaminal epidural steroid injection at right L3-4 and L4-5 and a bone scan of the lumbar spine. The treating physician noted a bone scan is requested to rule out a possible pseudoarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI Right L3-4, L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies. Therefore, the request does not meet all criteria as outlined above and is not medically necessary.

Bone Scan Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, lumbar bone scan.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states bone scans are indicated if there is no improvement after 1 month of aggressive therapy and there is suspected metastatic disease, infection, bone trauma, fracture or inflammatory arthropathy. The request is for bone scan to rule out pseudoarthrosis. This meets criteria per the ODG and the request is medically necessary.