MAXIMUS Federal Services

Case Number:	CM15-0132211		
Date Assigned:	07/24/2015	Date of Injury:	04/06/2012
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 61-year-old male, who sustained an industrial injury on 4/06/2012. He reported feeling acute back pain with reaching and straining activity. Diagnoses include lumbar strain, chronic low back pain, lumbar disc degeneration, spondylosis and sciatica, and radiculopathy. Treatments to date include medication therapy, physical therapy, and epidural steroid injection. Currently, he complained of low back pain with radiation to bilateral lower extremities associated with numbness and burning sensations. On 6/8/15, the physical examination documented muscle spasms and guarding. The MRI dated 11/7/14 was documented to reveal bulging disc at L2-3 and L3-4; and at L5-S1 with right neural foraminal stenosis compromising the L5 nerve root. The plan of care included lumbar epidural steroid injection, lumbar steroid injection each additional level, lumbar epidurogram, fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with fluoroscopic guidance and IV sedation:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 6/15/15), Online Version, Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 has radicular symptoms as well as MRI findings consistent with radiculopathy. There were persistent symptoms. The request for lumbar ESI is medically necessary with fluoroscopy.

Lumbar Epidural Steroid Injection each additional level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pan, Epidural Steroid Injection (ESIs).

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. Although, the epidural is appropriate at the L5-S1 level as indicated by MRI and radicular symptoms at that level the request for additional levels is not justified and not medically necessary.

Lumbar Epidurogram QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nim.nih.gov/pubmed/16868594.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Observational study of the use of an epidurogram in interlaminar lumbar epidural steroid injection S. Alemo* and A. Sayadipour BJA Volume 104, Issue 5 Pp. 665-666.

Decision rationale: According to the literature, Epidural injection of steroids has become an accepted nonsurgical treatment of lumbar radiculopathy. Correct placement of the steroid solution in the epidural space is obviously important for an optimal result from this treatment. LESI, using fluoroscopy without epidurogram, the rate of suboptimal injection was 12.3. The use of an epidurogram was supported in this study. Although the injection without epidurogram can lead to suboptimal injection, it is not standard practice and much controversy exists over its use. As a result, the request for epidurography for this case where one level is indicated at this time under fluoroscopy is not medically necessary.