MAXIMUS Federal Services

Case Number:	CM15-0133664		
Date Assigned:	07/21/2015	Date of Injury:	03/11/1987
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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 (IW) is a 57-year-old male who sustained an industrial injury on 03/11/1987. Diagnoses include chronic low back pain; bilateral lumbar radiculopathy; and Stage 3 renal disease. MRI of the lumbar spine showed severe degenerative disc disease at L2-L3 and disc protrusion at L5. Treatment to date has included medications and activity modification. According to the PR2 dated 5/14/15, the IW reported he had some improvement in his lower back pain with oral steroids, but the pain was still significant. He complained of lower back pain with left sciatica, rated 7/10; the pain radiated to the bilateral lower extremities, but was worse on the left. He reported numbness, tingling and paresthesias in both legs. His average pain was 6/10 and at worst, was 9/10. On examination, range of motion of the lumbar spine was limited and painful with anterior flexion and extension. The bilateral lumbar facets at L3-S1 and the intervertebral spaces were painful to palpation. He was unable to heel or toe walk. Bilateral lower extremity strength was reduced to 4/5 in the flexors and extensors bilaterally. The IW had difficulty walking and standing. Sensation was decreased in the ankles, bilaterally. The left and right patellar reflexes were 1 and the Achilles reflexes were absent. Straight leg raise was positive bilaterally. The provider noted the IW was wheelchair-dependent. A request was made for lumbar epidural steroid injection at L2-L3 with fluoroscopic guidance and epidurography.

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 L2-L3 with fluoroscopic guidance and epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,72,75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection 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 patient has the documentation of low back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy on exam for the requested level of ESI. Therefore criteria have not been met and the request is not medically necessary.