MAXIMUS Federal Services

Case Number:	CM15-0138061		
Date Assigned:	07/28/2015	Date of Injury:	02/14/2014
Decision Date:	09/02/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25-year-old female sustained an industrial injury on 2/14/14. She subsequently reported back pain. Diagnoses include lumbar disc displacement and sprain of the lumbar region. Treatments to date include MRI testing, a back brace, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was tenderness in the lumbar midline from L3 to the sacrum and over the bilateral lumbar paraspinal muscles. A request for Epidural steroid injection left L4/5; outpatient was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection left L4/5, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. MRI of the lumbar spine dated 3/31/15 noted a 4 mm broad, based central protrusion with partial annular fissure which mildly flattens the anterior thecal sac slightly effacing both L5 nerve roots within the lateral recess right greater than left, nonerve root displacement and neuroforamina are patent; L3-L4 has a 2 mm central protrusion with partial annular fissure without canal or neuroforamlnal stenosis. Per progress note dated 6/2/15, lower extremity strength was within normal limits, sensation was intact to pinprick throughout, patellar reflexes were 1+ bilaterally, Achilles reflexes were absent. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy at the requested level. The MRI findings documented do not demonstrate findings consistent with radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.