MAXIMUS Federal Services

Case Number:	CM15-0139827		
Date Assigned:	07/29/2015	Date of Injury:	06/06/2006
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 66 year old female, who sustained an industrial injury on 6-6-06. Initial complaints were not reviewed. The injured worker was diagnosed as having degeneration lumbar lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis unspecified; lumbar spinal stenosis without neuroclaudication; displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy; bilateral L4-L5 epidural steroid injection (1-13-15); medications. Diagnostics studies included MRI lumbar spine (10-16-13). Currently, the PR-2 notes dated 6-17-15 indicated the injured worker returns to the office on this date reporting her last epidural steroid injections gave her several months of greater than 90% symptomatic improvement. Now she reports she reports most mornings she has a hard time getting out of bed without pain medication. She reports taking a half tablet of Norco several times a day. On physical examination the provider documents bilateral sciatic notch tenderness, dorsiflexion weakness bilaterally at 4+ over 5. L5 sensation loss bilaterally is noted with L4-5 pathology on her images. The provider documents "every single time she has had epidural injections, her pain has improved and her function has improved dramatically." He has refilled her Norco and once again discussed recommendations for lumbar surgery. She will need surgery in the long run. He notes she is prescribed Vicodin 5-500 mg tablet every 6-8 hours as needed for pain and a Medrol Dosepak 4mg. The provider is requesting authorization of Left L3-L4 transforaminal epidural steroid injection and Bilateral L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2006 and continues to be treated for radiating back pain. Bilateral transforaminal epidural steroid injections were done on 01/13/15. Two weeks later that been a complete resolution of symptoms. The assessment references this as happening every single time she has injections. Surgery was no longer being recommended. When seen, there had been a return of symptoms. There had been more than a 90% relief of pain lasting for several months. Physical examination findings included decreased lower extremity strength and sensation. Surgery was again being considered. Authorization for repeat epidural steroid injections at L4 and L5 bilaterally was planned. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, prior epidural steroid injections have consistently provided sustained pain relief and the claimant has been able to avoid surgery. A repeat epidural injection is within applicable guidelines and medically necessary. However, being requested is a different procedure than what had previously been of benefit. Specifically, bilateral L4 and L5 injections had been performed before and now bilateral L5 and left L3 and L4 injections are being requested which contradicts the requesting provider's own documentation. Therefore, as the request is being submitted it cannot be considered medically necessary.

Bilateral L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2006 and continues to be treated for radiating back pain. Bilateral transforaminal epidural steroid injections were done on 01/13/15. Two weeks later that been a complete resolution of symptoms. The assessment references this as happening every single time she has injections. Surgery was no longer being recommended. When seen, there had been a return of symptoms. There had been more than a 90% relief of pain lasting for several months. Physical examination findings included decreased lower extremity strength and sensation. Surgery was again being considered. Authorization for repeat epidural steroid injections at L4 and L5 bilaterally was

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