MAXIMUS Federal Services

Case Number:	CM15-0144179		
Date Assigned:	08/05/2015	Date of Injury:	04/02/1999
Decision Date:	09/08/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on April 02, 1999. The injured worker reported an injury to her low back secondary to her daily work activities. The injured worker was diagnosed as having chronic lumbar radiculopathy, lumbar five to sacral one herniated nucleus pulposus, left knee medial meniscus, and status post right total hip arthroplasty. Treatment and diagnostic studies to date has included above noted procedure, magnetic resonance imaging of the lumbar spine, physical therapy, lumbar epidural steroid injection, and a medication regimen. In a progress note dated May 28, 2015 the treating physician reports an increase in pain. Examination reveals an antalgic gait, decreased sensation to the bilateral thighs, and positive straight leg raise on the right. The treating physician noted prior magnetic resonance imaging of the lumbar spine with an unknown date that was remarkable for lumbar five to sacral one disc with stenosis. In a progress note from March 26, 2015 the treating physician noted that the injured worker has undergone prior lumbar epidural steroid injection in January 2015 that provided relief for approximately one to two months, but the documentation did not indicate if the injured worker experienced any specific functional improvement with the prior lumbar epidural steroid injection. The treating physician requested lumbar five to sacral one epidural injection under monitored anesthesia care (MAC) to assist the injured worker in weaning off of her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural injection, MAC monitored anesthesia: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The 61 year old patient complains of pain in lower back, right hip, and lower extremities, as per progress report dated 06/16/15. The request is for L5-S1 EPIDURAL INJECTION, MAC MONITORED ANESTHESIA. The RFA for the case is dated 06/22/15, and the patient's date of injury is 04/02/99. Diagnoses, as per progress report dated 06/16/15, included spinal contusion, spinal strain, L4-5 disc protrusion, right knee contusion, wrist contusion, right trochanteric bursitis, anxiety and depression, GI disorder, hypertension and sleep disturbance. The patient is status post left knee arthroscopy and status post right hip surgery on 08/08/09. The patient is not working, as per progress report dated 06/16/15. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and 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." In this case, the request for ESI is noted in multiple progress reports. As per progress report dated 05/28/15, the ESI will aid in weaning medications. However, patient has received lumbar ESI in past. While the progress reports do not document the date of prior injection, the Utilization Review denial letter states that the prior injection was given in January 2015 and efficacy is not documented. As per progress report dated 03/03/15, the LESI was helpful. However, in a subsequent progress report dated 03/26/15, the treater states that "She has undergone conservative care consisting of activity modifications, drug therapy, lumbar epidural injections and physical therapy without amelioration of her pain." MTUS requires documentation of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks for repeat injections. Given the lack of efficacy in this patient, the request IS NOT medically necessary.