MAXIMUS Federal Services

Case Number:	CM15-0167374		
Date Assigned:	08/28/2015	Date of Injury:	09/29/2001
Decision Date:	10/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, 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:

This 31 year old male sustained an industrial injury to the low back on 4-28-14. Previous treatment included lumbar laminectomy (2010), physical therapy, trigger point injections, epidural steroid injections, spinal cord stimulator, psychiatric care and medications. In a PR-2 dated 7-31-15, the injured worker complained of low back and right lower extremity pain rated 9 out of 10 on the visual analog scale associated with right leg numbness. Physical exam was remarkable for lumbar flexion at 80 degrees, extension at 10 degrees, decreased sensation in the right L5 distribution and positive right straight leg raise. Current diagnoses included lumbar facet syndrome, L4-5 central narrowing with moderate facet changes and bilateral foraminal narrowing, multilevel disc disease and a spinal cord stimulator implant, lumbar levoscoliosis, depression, chronic pain, sleep dysfunction, gastroesophageal reflux disease, gastritis, thoracic trigger points, L2 compression fracture and thoracic post laminectomy syndrome. The treatment plan included requesting authorization for right L4-5 epidural steroid injections and a one month supply of Terocin patches. On 8-11-15, Utilization Review noncertified a request for right lumbar transforaminal epidural steroid injection at L4-L5 noting lack of documentation of objective findings of L4-5 radiculopathy or functional benefit from previous epidural steroid injections. The patient has had MRI of the lumbar spine on 11/05/09 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Patient underwent unspecified surgery on 11/17/14. The patient had received an unspecified number of PT, psychotherapy visits for this injury. Patient had received trigger point injections, RFA and SCS trial for this injury. Patient had received ESI for this injury. The medication list includes Percocet, Amitiza, fenoprofen, Trazodone, Wellbutrin, Ambien, Pantoprazole and Zanaflex. The patient has had history of GERD and Gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are:"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)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received ESI for this injury. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the request for Right lumbar transforaminal epidural steroid injection at L4-L5 is not medically necessary for this patient.