MAXIMUS Federal Services

Case Number:	CM15-0183229		
Date Assigned:	09/24/2015	Date of Injury:	07/17/2002
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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:

The injured worker is a 56 year old male who sustained an industrial injury July 17, 2002. Past history included repair right rotator cuff and L5-S1 anterior total disc arthroplasty, 2012. According to a primary treating physician's progress report dated August 28, 2015, the injured worker presented for follow-up with complaints of excruciating ongoing low back pain and lumbar facet pain with standing and extending. The pain is associated with numbness and tingling down both legs and this pain is a change in the low back in intensity and nature. He reports continuing to work but having difficulty doing so. The physician describes his job as; "40 hours per week as a purchaser which includes heavy lifting, greater than 100 pounds multiple times a day". He further stated he has failed over the counter NSAID (non-steroidal anti- inflammatory drugs) therapies and Medrol Dosepak prescribed three weeks ago. The injured worker rated his current pain 9 out of 10 and complained that after chiropractic sessions, the pain became so severe he was unable to bend, touch his toes, pick up grandchildren and getting in and out of a chair, due to an increase in pain. Current medication included Norco 10-325mg up to 2-3 tablets every day. Physical examination revealed; gait is antalgic; lumbar facet loading maneuvers are positive at L4-L5 and L5-S1 levels bilaterally; decreased sensation to light touch bilateral lower calves. The physician documented; "an MRI of the lumbar spine dated 09-30- 2014, shows annular disc bulge at L3-L4 and L4-L5, with left L3-L4 and bilateral L4-L5 foraminal narrowing- at L5-S1 a metallic artifact is noted". Diagnoses are lumbar spondylosis without myelopathy; axial low back pain; myofascial pain syndrome; chronic pain syndrome; acute onset of low back and bilateral lower limb numbness and tingling. At issue, is a request for authorization for bilateral L5 epidural steroid injection (ESI). According to utilization review dated September 3, 2015, the request for Bilateral L5 Epidural Steroid Injection (ESI) is non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 epidural steroid injection (ESI): Overturned

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: 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. Per the medical records submitted for review, decreased sensation to light touch was noted about the bilateral lower calves. It is noted that the injured worker previously underwent left L4-L5 ESI 1/28/15 that provided 70% benefit, and right S1 and L5 ESI 4/1/15 that provided 70% pain relief. Pain relief was noted through at least 7/2015 progress report. During this time, the injured worker was able to continue working. Decreased sensation to light touch was noted about the bilateral lower calves. I respectfully disagree with the UR physician's denial based upon a lack of exam findings specific for an L5 dermatome or myotome. In the therapeutic phase, repeat blocks are based on continued objective documented pain relief and functional improvement. The request is medically necessary.