MAXIMUS Federal Services

Case Number:	CM15-0198318		
Date Assigned:	10/13/2015	Date of Injury:	01/22/2012
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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 43 year old female injured worker suffered an industrial injury on1-22-2012. The diagnoses included lumbar radiculopathy, lumbar sprain-strain. On 7-1-2015 the treating provider reported lower back pain rated 9 to 10 out of 10 without medication and 6 to 7 with medication and associated with radiating pain tingling and numbness to the lower extremities. On exam the range of motion were decreased and painful with tenderness to the sacroiliac joint and lumbar muscles with spasms. Prior treatment included Tramadol, Naproxen, Flexeril, Gabapentin, and acupuncture. The provider recommended lumbar epidural steroid injection. Diagnostics included normal electromyography studies lower extremities 7-14-2015. The Utilization Review on 9-14-2015 determined non-certification for Epidural Steroid Injection at L5-S1 level under IV sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L5-S1 level under IV sedation and fluoroscopy: Overturned

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

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, the injured worker had decreased sensation in the bilateral L5-S1 dermatome. There was also decreased motor strength in the bilateral hip flexors, knee extensors, and ankle dorsiflexors. MRI of the lumbar spine noted a 2.9mm focal central disc protrusion with annular tear super imposed on diffuse disc bulge. Reflexes were grossly intact. The documentation does indicate anxiety and depression; and apprehension about the procedure. Per the guidelines regarding sedation: Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. I respectfully disagree with the UR physician's denial based upon a lack of documentation of response to conservative treatment. The injured worker was previously treated with Tramadol, Naproxen, Flexeril, and Gabapentin. The request is medically necessary.