MAXIMUS Federal Services

Case Number:	CM15-0200235		
Date Assigned:	10/15/2015	Date of Injury:	03/24/2011
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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 43-year-old female who sustained an industrial injury on 3-24-2011. Diagnoses have included enthesopathy of the hip region, lumbosacral radiculitis, degeneration of lumbar intervertebral disc, and chronic pain syndrome. Documented treatment includes psychotherapy, norco, gabapentin, home exercise, and it is noted that she had a previous steroid injection with benefit. Date and length of benefit is not provided in the note. On 8-18-2015, the injured worker complained of constant bilateral low back pain characterized as aching and shooting. Intensity of pain was noted to be variable, and interfering with sleep. She stated that she has experienced increased pain and stiffness, and low back pain has been radiating down her lower extremities with the left being worse. The physician noted an antalgic gait favoring the left, forward flexed body posture, and positive seated straight leg raising on both sides. The treating physician's plan of care includes physical therapy, and a request was submitted for a lumbar epidural steroid injection for L5-S1. The injection was denied on 9-14-2015. The injured worker is currently working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 lumbar epidural steroid injection: Upheld

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, it was noted that the injured worker previously underwent epidural steroid injection in 2011 with excellent benefit i.e. greater than a 50% response. It was not noted how long relief lasted. Per progress report dated 6/8/15, decreased sensation to pin prick on the left in the L5 distribution was noted. Motor examination appeared normal. DTRs of the lower extremities were 2+ throughout. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented. Additionally, there was no documentation of at least 6-8 weeks pain relief and associated reduction in medication use with the previous ESI. As the guidelines criteria is not met, the request is not medically necessary.