MAXIMUS Federal Services

Case Number:	CM15-0207134		
Date Assigned:	10/23/2015	Date of Injury:	10/06/2014
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey
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:

The 56 year old male injured worker suffered an industrial injury on 10-6-2014. The diagnoses included degeneration of lumbar intervertebral disc, lumbar radiculopathy, and spasms of back muscles. On 8-5-2015 the treating provider reported lower back pain radiating to the bilateral lower extremities, right upper extremity pain rated 6 to 7 out of 10. The pain limited daily activity 75% of the time. The provider noted he had completed physical therapy for the lower back and right calf with some relief. On exam the lumbar spine had myospasms with myofascial pain in the bilateral lumbosacral muscles along with diminished sensation along the bilateral L5-S1 distribution and reduced range of motion. The medication in use was Norco and Lorazepam. The provider noted he requested the epidural steroid injection to treat the inflammatory component of the lower back pain and radicular symptoms into the bilateral lower extremities. The provider noted the Ibuprofen provided some relief. Diagnostics included lumbar magnetic resonance imaging 5-5-2015 and electromyography studies 12-19-2014 revealed evidence of lumbar radiculopathy at L5 bilaterally. Request for Authorization date was 8-13-2015. The Utilization Review on 9-22-2015 determined non-certification for Bilateral L5-S1 transforaminal lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal lumbar epidural steroid injections: 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: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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% pan 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, and 8. Current research does not support series-of- three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although there was some evidence for L5-S1 radiculopathy (decreased sensation, leg pain), some evidence suggested that there was not (negative straight leg raise, mild to moderate impingement on MRI only). Regardless, this request for epidural injection seems premature as there was a suggestion to continue physical therapy and home exercises, which suggests conservative care has not yet been exhausted. Therefore, this request for epidural of L5-S1 will be considered not medically necessary at this time.