MAXIMUS Federal Services

Case Number:	CM15-0208375		
Date Assigned:	10/27/2015	Date of Injury:	05/06/2010
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 57 year old male who sustained an industrial injury on 5-6-10. A review of the medical records indicates he is undergoing treatment for degenerative disc disease and discogenic disease of the lumbar spine at L3-4, L4-5, and L5-S1, status post anterior stand-alone fusion at L4-5 and L5-S1 - which appears to be potentially solid associated with bilateral lower extremity radiculitis as well as possible stenosis or facet spondylosis plus other occult pathology. He also has a history of hypertension. Medical records (8-18-15, 9-15-15, 9-23-15, and 9-24-15) indicate going complaints of low back pain. The 9-24-15 record indicates complaints of "moderate to severe" lower back pain across the entire low back with radiation down both legs to the knees and occasionally to the left ankle. He reports numbness and tingling of the left leg. He also complains of occasional bilateral hip and buttock pain. The physical exam (9-24-15) reveals a gait with a "short stride and somewhat of a wide base due to slightly poor balance." Lumbar range of motion is noted to be diminished. No tenderness to palpation is noted of the lumbar spine. However, the treating provider indicates that "the described pain is deeper than on the surface of the skin in the midline at the lumbosacral junction plus towards the sacroiliac joints and the sciatic nerves right side much more than the left side." Motor strength testing of the lower extremities is "5" without neurological deficits. The straight leg raising test in the sitting position is "70 degrees" with "mild to moderate" hamstring tightness as well as lower back and bilateral leg pain. Diagnostic studies have included a lumbar discogram and an MRI of the lumbar spine. Treatment has included physical therapy, acupuncture, cognitive behavioral therapy, and medications. He is not working. Treatment recommendations include one lumbar epidural injection. The utilization review (10-12-15) includes a request for authorization of an outpatient lumbar epidural injection x 1. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Injection x 1 (specific levels not listed): 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 progress report dated 9/24/15, deep tendon reflexes were trace+ symmetrical at the ankles and 1+ symmetrical at the knees. Motor strength testing demonstrated grade 5 strength without any neurologic deficits. Sensory exam was not documented. While it was noted that the injured worker has previously undergone MRI of the lumbar spine 11/1/14, the report was not available for review, nor were results documented. 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, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.