MAXIMUS Federal Services

Case Number:	CM15-0211127		
Date Assigned:	10/29/2015	Date of Injury:	01/31/2013
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 was a 53 year old female, who sustained an industrial injury, January 31, 2013. The injured worker was undergoing treatment for Lupus, symptoms still consistent with right L5 radiculopathy without clear cause, complicated past history of prior L5-S1 discectomy, prior anterior posterior lumbar fusion of L5-S1 and subsequent prior right sided foraminal decompression. According to the progress note of May 7, 2015, the injured worker reported the epidural steroid injection helped the back pain, but the leg pain did not seem any better. The injured worker reported that 25% of the pain was in the back and 75% was in the lag. The pain was described as tingling, aching and throbbing. According to progress note of October 1, 2015, the injured worker's chief complaint was right-sided sciatica with pain from the lower back into the buttocks, posterior thigh and down the right lateral leg. The injured worker reported 30% of the pain in the back and 70% of the pain in the leg. The pain was described as aching, burning and tingling sort of pain. The pain was rated at 6 out of 10. The pain was worse with sitting, bending, stairs and driving. The pain was somewhat better with standing or lying down. The physical exam noted the injured worker was able to stand and walk on the heels and toes. The injured worker was slightly weaker with heel walking on the right. The deep tendon reflexes noted depression at the ankles. There was a grade 4 out of 5 of the right extensor hallucis longus. The sensory exam noted altered sensibilities in the right L5 dermatomes and radicular distribution. The injured worker previously received the following treatments Gabapentin, Tylenol, lumbar spine MRI on March 18, 2015 right L5-S1 nerve roots appeared well decompressed, the right foramen appeared open, there was expected scar tissue due to prior

surgery, but cannot identify any particular area as a source of the radiculopathy; CT scan of the lumbar spine on April 5, 2015, the L5-S1 foramen appeared to be decompressed, screws and hardware were in place, the fusion was maturing within the anterior interbody and in the posterolateral gutters. The RFA (request for authorization) dated October 8, 2015; the following treatments were requested a transforaminal fluoroscopically guided epidural steroid injection at L5-S1. The UR (utilization review board) denied certification on October 13, 2015; for a transforaminal fluoroscopically guided epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal fluoroscopically guided lumbar epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: "Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit." 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 “series-of-three” injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes from 10/1/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. The lumbar spine MRI on March 18, 2015 showed that the right L5-S1 nerve roots appeared well decompressed and the right foramen appeared open. In this case the symptoms are not "corroborated by imaging studies and/or electrodiagnostic testing." Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.