MAXIMUS Federal Services

Case Number:	CM15-0219495		
Date Assigned:	11/12/2015	Date of Injury:	02/19/2007
Decision Date:	12/28/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male who sustained a work-related injury on 2-19-07. Medical record documentation on 10-15-15 revealed the injured worker was being treated for lumbar region intervertebral disc displacement. He reported lower backache and rated his pain a 5 on a 10-point scale with medications (5 on 8-20-15) and an 8 on a 10-point scale without medications (8 on 8-20-15). The injured worker reported that his activity level was about the same and he noted that his medications were less effective. His medication regimen included Gabapentin 400 mg, Lexapro 20 mg, Colace 100 mg, ibuprofen 800 mg, Omeprazole 20 mg, Silenor 6 mg, Diazepam 10 mg, Oxycodone 5 mg and Baclofen 10 mg. Objective findings included restricted lumbar spine range of motion with flexion limited to 37 degrees, extension limited to 27 degrees, bilateral lateral bending limited to 15 degrees and bilateral lateral rotation limited to 30 degrees. He had bilateral paravertebral muscle spasms, tenderness and tight muscles bands. A lumbar facet loading test was positive and straight leg raise was positive bilaterally. On sensory evaluation, light touch sensation was decreased over the lateral foot, medial foot, medial calf, lateral calf anterior thigh, posterior thigh, medial thigh at L5-S1 dermatome on the left and he had hyperesthesia over the medial thigh and groin on the right side. Previous treatment included lumbar transforaminal epidural steroid injections on 3-27-15 and 5-21-14 which were documented to provide 70% pain relief in lower extremity pain. An MRI of the lumbar spine on 3-29-13 revealed s/p right laminectomy changed at L4-5 and L5-S1; moderate right neuroforaminal stenosis at L3-4 and L4-5 and moderately severe at L5-S1; and moderate left neurology foraminal stenosis at L5-S1. Other treatment included participation in behavioral pain

management group psychotherapy. A request for lumbar transforaminal epidural steroid injection was received on 10-26-15. On 11-2-15 the Utilization Review physician determined lumbar transforaminal epidural steroid injection was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection L5-S1: 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: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. It is unclear why LESI was requested besides for short term pain control. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. Patient has been stable on medications and the conservative treatment appears to be helpful and stable. There is no documentation of worsening status. Fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. Documentation states that patient had 70% improvement lasting approximately 8 weeks in 2013. It noted that patient was "successfully" weaned from neurontin but there is no mention if patient was weaned off opioids or if there was any decrease in opioid use during that time period. Weaning off neurontin is not exactly an appropriate measure of successful ESI. There was also no documentation of any other conservative care such as physical therapy attempted during that time. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. lumbar epidural steroid injection is not medically necessary.