MAXIMUS Federal Services

Case Number:	CM15-0223061		
Date Assigned:	11/19/2015	Date of Injury:	05/25/2013
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina
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 injured worker is a 52 year old female, who sustained an industrial injury on 05-25-2013. A review of the medical records indicates that the worker is undergoing treatment for lumbar strain with disc extrusion at left L4-L5, left L5 radiculopathy, fibromyalgia and chronic cervical and thoracic pain. Treatment has included Tylenol, Ibuprofen, Flexeril and lumbar epidural steroid injections. Documentation shows that the first lumbar epidural steroid injection (LESI) was administered on 04-10-2014 and a secondary LESI was administered on 03-26-2015. Subjective complaints (07-01-2015, 08-12-2015 and 09-23-2015) included severe back pain radiating to the neck, upper extremity and lower extremity that was rated as 10 out of 10. Symptoms also included burning pain, catching, grinding, numbness, stiffness, stabbing pain, swelling tenderness, tingling, warmth and weakness. Symptoms were noted to be improve a little with ice, elevation and no activity. Objective findings (07-01-2015) showed significant tenderness through the entire body including the lumbar spine with multiple trigger points. Objective findings (08-12-2015) included tenderness of the cervical and lumbar spine, some hypersensitivity and tenderness of the clavicles and trapezium. Objective findings (09-23-2015) revealed tenderness bilaterally at L5-S1, flexion of 30 degrees, extension of 10 degrees, tenderness at the clavicle, trapezium and scapula and positive straight leg raise bilaterally. The physician noted that LESI was very helpful but that a second LESI was denied and that the denial would be appealed. Although the physician notes that LESI had been very helpful a progress note on 04-09-2015 (2 weeks after the second LESI) shows that the worker had continued low back pain and that the LESI had only given the worker about 3 days of pain relief. Documentation does not support significant pain relief or objective functional improvement with prior injections. A request for LESI of L4-L5 and L5-S1 was submitted. A utilization review dated 10-15-2015 non-certified a request for L4-L5, L5-S1 lumbar epidural steroid injection, #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 lumbar epidural steroid injection, #3: 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 California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show previous ESI to produced 50% reduction in pain lasting 6-8 weeks with medication usage reduction. Therefore, repeat ESI is not medically necessary.