MAXIMUS Federal Services

Case Number:	CM15-0225808		
Date Assigned:	11/24/2015	Date of Injury:	01/29/2007
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/17/2015

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:

This injured worker is a 44 year old male, who sustained an industrial injury on 01-29-2007. The injured worker was diagnosed as having other spondylosis - lumbar region and radiculopathy - lumbar region. On medical records dated 10-08-2015, the subjective complaints were noted as low back pain. Pain was rated an 8 out of 10. Objective findings were noted as tenderness to palpation was noted in the lumbar paraspinal and a decreased range of motion was noted. Treatment to date included trigger posit injections into superficial musculature was performed during visit. Current medications were listed as Gabapentin, Naprosyn, Prilosec, Zanaflex, Promolaxin, Terocin Patch, Methadone HCL, Norco, Diclofenac Sod, Flexeril, Morphine Sulfate IR and Oxycontin. The Utilization Review (UR) was dated 11-24-2015. A Request for Authorization was dated 10-15-2015. The UR submitted for this medical review indicated that the request for Bilateral Left and Right Lumbar Transforaminal Epidural Steroid Injection x3 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Left and Right Lumbar Transforaminal Epidural Steroid Injection x3: 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). In this case the exam notes from 10/8/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Per CA MTUS guidelines current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Therefore the proposed epidural steroid injections are not medically necessary.