MAXIMUS Federal Services

Case Number:	CM15-0032314		
Date Assigned:	02/25/2015	Date of Injury:	12/18/2004
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/20/2015

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 65 year old male, who sustained an industrial injury on 12/18/2004. The diagnoses have included status post spinal surgery, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, spinal stenosis of lumbar region, acquired spondylolisthesis, retrolisthesis, bilateral sciatica, and lumbago. Noted treatments to date have included surgery, physical therapy, and medications. Diagnostics to date have included MRI lumbar spine on 11/18/2014 which showed a broad based bulge at L2-3, L3-4, L4-5, and L5-S1. In a progress note dated 12/03/2014, the injured worker presented with complaints of back pain. The treating physician reportedly advised the injured worker to undergo bilateral L3-L4 transforaminal epidural steroid injection injections due to his back and bilateral buttock pain. Utilization Review determination on 01/13/2015 non-certified the request for Bilateral L3-4 Transforaminal Epidural Steroid Injection citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 transforaminal epidural steroid injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 48.

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 patient has the documentation of low back pain and lumbar disc herniation with radiculopathy and corroboration on MRI. There is no documentation of failure of conservative treatment options for treatment of the patient's symptoms. For these reasons criteria as set forth above per the California MTUS have not been met. The request is not certified.