MAXIMUS Federal Services

Case Number:	CM15-0035885		
Date Assigned:	03/04/2015	Date of Injury:	04/08/2010
Decision Date:	04/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 64-year-old male, who sustained an industrial injury on 04/06/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right shoulder arthroscopy, lumbar spine strain/sprain, herniated lumbar disc at lumbar four to five, lumbar three to four, lumbar five to sacral one, and lumbar three to four with radiculopathy at lumbar four to five and lumbar five to sacral one, and symptoms of stress anxiety. Treatment to date has included laboratory studies, electromyogram of the bilateral lower extremities, magnetic resonance imaging of the lumbar spine, status post right shoulder arthroscopy, status post lumbar epidural steroid injection, and medication regimen. In a progress note dated 12/15/2014 the treating provider reports lumbar back pain that is rated a six to seven out of ten, which was noted to be an increase from a four to five out of ten post first epidural injection. The treating physician requested a lumbar epidural steroid injection at lumbar four to five and lumbar five to sacral one noting that the California Medical Treatment Utilization Schedule recommends no more than two epidural injections with recommendation for a second injection if the first injection produces partial relief. The treating physician also noted that the first epidural steroid injection produced good relief. On 01/22/2015 Utilization Review non-certified the requested treatment for a lumbar epidural steroid injection at lumbar four to five and lumbar five to sacral one, noting the American College of Occupational and Environmental Medicine, Chapter on Low Back Disorders, section on Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI), L4-L5, L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic -Acute & Chronic-' and topic 'Epidural steroid injections, therapeutic'.

Decision rationale: The patient presents with lower back pain rated 6-7/10. The patient's date of injury is 04/06/10. Patient is status post lumbar ESI on 11/15/14 at levels unspecified. The request is for LUMBAR EPIDURAL STEROID INJECTION -ESI- L4-L5, L5-S1 - SACROILIAC.The RFA is dated 01/19/15. Physical examination dated 12/15/14 reveals decreased lumbar range of motion, hypoesthesia at the anterolateral aspect of an unspecified foot, weakness in the big toe dorsiflexor/plantarflexor of an unspecified foot. Treater also notes a positive straight leg raise test at 75 degrees bilaterally eliciting pain at L4, L5, and S1 dermatome distributions. The patient is currently prescribed Norco, Xanax, and Prilosec. Diagnostic imaging included MRI of the lumbar spine, significant findings include: "L4-L5 there is a moderate posterior element hypertrophy and short pedicles... there is a 3-4mm bulge with moderately severe central canal stenosis and mild to moderate neural foraminal stenosis..." Per progress note dated 12/15/14, patient is advised to remain off work for 6 weeks. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic - Acute & Chronic-' and topic 'Epidural steroid injections, therapeutic', state that "At the time of initial use of an ESI formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention, a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block < 30% is a standard placebo response. A second block is also not indicated if the first block is accurately placed unless: a. there is a question of the pain generator; b. there was possibility of inaccurate placement; or c. there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections."In regard to the request for a second lumbar epidural steroid injection for the management of this patient's chronic lower back pain, the treater has not provided adequate evidence of relief to support a follow-up injection. Progress note dated 12/15/14 states: "he states the pain prior to the first injection was 8-9/10, which reduced to 4-

5/10 post injection. However, the pain has started to come back and the patient rates the pain as 6-7/10 at this time." MTUS guidelines indicate that repeat lumbar ESIs are not supported unless there is pain relief of 50% or greater lasting 6-8 weeks along with documentation of functional improvement and medication reduction. This patient's pain reduction lasted only 4 weeks with not discussion regarding functional improvement/medication reduction. Therefore, the request IS NOT medically necessary.