MAXIMUS Federal Services

Case Number:	CM15-0041465		
Date Assigned:	03/11/2015	Date of Injury:	03/17/2002
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Internal 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:

The injured worker was a 61-year-old male, who sustained an industrial injury, March 17, 2002. The injured worker previously received the following treatments cane, medications, MRI of the lumbar spine, Gabapentin, Naprelan, Oxycontin and Oxycodone. The injured worker was diagnosed with lumbar radiculopathy, low back pain, postlaminectomy syndrome lumbar region, cervical spondylosis without myelopathy and cervical radiculopathy. According to progress note of January 20, 2015, the injured workers chief complaint was back pain on both sides and midline. The injured worker described the pain as sharp, stabbi9ng, burning, pins and needles sensation. The pain was rated at 4 out of 10; 0 being no pain and 10 being the worse pain. In injured worker's pain was affecting sleep and daily activities. The physical exam noted the injured worker was positive for anxiety. The injured worker presented with a cane for ambulation. The straight leg raises were positive on the right causing back and leg pain. There was decreased range of motion in the right L4-L5 in all axis. The demonstrates numbness in a right L4 and L5 distribution and 4 out of 5 right dorsal flexion. The treatment plan included a right L6 transforaminal epidural steroid injection for continued lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The office visit report dated 1/29/15 did not document patient complaints of radicular pain. No imaging studies or electrodiagnostic testing corroborating radiculopathy were presented. Right L5 transforaminal L5 epidural steroid injection was requested. The MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The 1/29/15 office visit report did not document radicular pain, imaging studies, or electrodiagnostic test results. Therefore, the MTUS criteria are not met. Therefore, the request for L5 epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for right L5 transforaminal L5 epidural steroid injection is not medically necessary.