MAXIMUS Federal Services

Case Number:	CM15-0043865		
Date Assigned:	03/16/2015	Date of Injury:	05/27/2008
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 55 year old male, who sustained an industrial injury on May 27, 2008. He has reported lower back pain and left shoulder pain. Diagnoses have included lumbar spine myalgia, lumbar spine myospasms, left sided lumbar spine neuritis/radiculitis, and sleep disorder. Treatment to date has included medications, physical therapy, cortisone injections of the lower back, epidural steroid injection, lumbosacral spine fusion, left shoulder surgery, and imaging studies. A progress note dated December 22, 2014 indicates a chief complaint of continued lower back pain and left shoulder pain, with no change from the prior evaluation. The treating physician documented a plan of care that included medications, magnetic resonance imaging and computed tomography per the recommendation from the Qualified Medical Evaluation, and follow up in three weeks. The medical record noted that the injured worker received no relief of symptoms with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 lumbar epidural steroid injection under fluoroscopy: 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 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 (ESIs), therapeutic'.

Decision rationale: The patient presents with constant, sharp and aching pain in the lumbar spine, rated at 6-8/10, and has been diagnosed with bilateral L5-S1 radiculopathy, as per progress report dated 12/22/14. The request is for LEFT L3-4 LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY. There is no RFA for this case, and the patient's date of injury is 05/27/08. The patient is status post lumbar fusion with residual pain on 05/18/12, and status post left shoulder scope with residual pain on 07/20/13. The patient is temporarily totally disabled, as per the same progress report.The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "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 (ESIs), 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 this case, many progress reports are handwritten and not very legible. None of the reports document prior ESI of the lumbar spine. However, the UR denial letter states that the patient received multiple ESIs to the lumbar spine in 2009, levels are not mentioned. While the initial injections provided greater than 50% pain relief and improvement in function, the third injection did not produce the desired results. As per the report dated 11/12/14, the treating physician states that the patient suffers from pain in the lumbar spine that radiates to left buttock and leg with weakness and numbness. There was decreased sensation at L5 dermatome during physical examination and EMG/NCV study, dated 10/23/14, revealed L5-S1 radiculopathy. The treating physician is requesting for ESI to left L3-4 but the clinical evidence and electrodiagnostic studies do not document any abnormalities at this level. MTUS guidelines require diagnoses of radiculopathy along with corroborating diagnostic studies for ESI. Hence, the request IS NOT medically necessary.