MAXIMUS Federal Services

Case Number:	CM15-0049554		
Date Assigned:	03/23/2015	Date of Injury:	06/17/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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 31 year old male, who sustained an industrial injury on 06/17/2014. He has reported injury to the right shoulder and low back. The diagnoses have included cervical spine sprain/strain; right shoulder sprain/strain; and lumbar spine myoligamentous injury with lumbar facet syndrome. Treatment to date has included medications, trigger point injections, physiotherapy, and chiropractic sessions. A progress report from the treating provider, dated 02/23/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant severe pain in the right shoulder with radiating pain and weakness down the right upper extremity; constant radiating severe pain in the lumbar spine with weakness; and occasional numbness and tingling sensations to the bilateral hips down the bilateral lower extremities to the calves. Objective findings included slight tenderness of the lumbosacral spine and sciatic notch on the left; pain and spasm with lumbar range of motion; radiating pain in the left thigh; and straight-leg-raising is positive bilaterally. The treatment plan included lumbar epidural steroid injection. The current request is for lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with low back pain that radiates to bilateral extremities. The request is for 1 LUMBAR EPIDURAL INJECTION. Patient's diagnosis per Request for Authorization form dated 03/03/15 includes sprain lumbar spine. Physical examination to the lumbar spine on 01/27/15 revealed tenderness to palpation, numerous trigger points, and decreased range of motion, especially on extension 15 degrees. Sensory examination to pinprick wheel was decreased on the posterolateral thigh, posterolateral calf in approximately L5-S1 distribution bilaterally. Positive straight leg raise test bilaterally. Patient medications included Norco, Anaprox and Prilosec. 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: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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" 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-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per progress report dated 03/04/15, treater states "the patient has decreased lumbar spine range of motion with positive straight leg raise bilaterally causing radicular symptoms, blunted deep tendon reflexes and Achilles tendon as well as sensory deficits in the L5-S1 distribution which is corroborated by MRI studies of lumbar spine." The treater feels that radiculopathy has been well documented. However, MRI of L-spine from 10/22/14 only shows 3.3mm disc protrusion at L5-S1, with no significant stenosis or nerve root impingement. The proposed injection is for bilateral L5-S1 transforaminal approach and there is no evidence of L5 nerve roots involved at all on MRI. MTUS require corroborating imaging findings for ESI to be tried. The request IS NOT medically necessary.