MAXIMUS Federal Services

Case Number:	CM13-0043527		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2008
Decision Date:	09/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old male who reported injury on 09/08/2008. The mechanism of injury was not provided. Diagnoses included sprain of the thoracic region, and sprain/strain of the back. The past treatments included physical therapy, acupuncture, psychology, epidural steroid injections, and chiropractic treatment. Diagnostic studies included an MRI of the lumbar spine which was performed on 02/28/2011; however, the official report with results of the imaging was not provided within the medical records. The clinical note dated 03/13/2014 noted the injured worker received his third bilateral L4-5 epidural steroid injection with 40% relief of pain at best. The progress note dated 05/12/2014 noted the injured worker complained of lower back pain radiating down the bilateral lower extremities rated 8/10. The physical exam a revealed negative straight leg raise bilaterally, sensation was intact throughout the lower extremities, and motor strength was 5/5 bilaterally The injured worker had stiffness and tenderness to the bilateral facet joint levels L3-S1, and absent patellar and achilles tendon reflexes bilaterally. Medications included Cyclobenzaprine 10mg three times a day, Lyrica 150mg three times a day, Norco 10/325mg four times a day as needed for pain, and Trazodone 100mg daily at bedtime. The treatment plan noted a lumbar MRI had been requested, but not authorized, Norco was stopped as it was not helping, and Dilaudid 4mg four times a day as needed for pain was added. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3RD BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION, FOR L4-L5 TIMES 1, WITH EPIDUROGRAPHY AND ANESTHESIA AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for 3rd bilateral transforaminal epidural steroid injection, for L4-L5 times 1, with epidurography and anesthesia as an outpatient is not medically necessary. The injured worker had intact sensation, 5/5 motor strength, absent deep tendon reflexes, negative straight leg raise. The California MTUS guidelines recommend no more than 2 ESI injections for treatment of radicular pain to the applicable dermatomal distribution with corroborative findings of radiculopathy. Guidelines indicate criteria for ESI include documentation of radiculopathy on physical exam corroborated by imaging or electrodiagnostic testing, and failed response to conservative treatment. A repeat injection is indicated when objective pain relief of 50-70% is achieved over 6-8 weeks. There was no indication of decreased strength or sensation in the L4-5 dermatomal or myotomal distribution. There was little evidence to support radicular pain. There was no imaging or testing provided to support radicular pain originating from L4-5. The clinical note dated 03/13/2014 noted the injured worker received his third bilateral L4-5 epidural steroid injection with 40% relief of pain at best. Therefore, clarification is needed regarding the submitted request as it appears the 3rd epidural steroid injection has been performed. Due to the lack of evidence to support radicular pain, or radicular pain originating from the bilateral L4-5 level, the lack of evidence of efficacy of previous epidural steroid injections, and the guidelines do not support 3 epidural steroid injections, a third injection would be excessive and unsupported. Therefore the request is not medically necessary.