MAXIMUS Federal Services

Case Number:	CM14-0140981		
Date Assigned:	09/10/2014	Date of Injury:	05/06/2009
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 54-year-old male who sustained an injury to his low back on 05/06/09. A clinical note dated 08/14/13 reported that the injured worker developed myofascial pain syndrome with a direct relationship between specific trigger points and associated pain region. The injured worker underwent trigger point injections at this visit. An operative note dated 10/09/13 reported that the injured worker underwent translaminar lumbar epidural steroid injection at L5-S1. Clinical note dated 10/18/13 the injured worker sustained significant benefit. With that noted, the injured worker was recommended for a second lumbar epidural steroid injection. The injured worker underwent a second lumbar epidural steroid injection translaminar at L5-S1 on 12/13. Clinical note dated 01/17/14 did not indicate the response to second injection; however, the injured worker underwent a third injection on this date. Operative note dated 04/09/14 reported that the injured worker underwent a fourth lumbar epidural steroid injection translaminar at L5-S1. Clinical note dated 04/16/14 reported that the previous injection was incidentally very helpful. With that noted, he was recommended for a fifth lumbar epidural steroid injection. The most recent clinical note dated 07/16/14 reported that the patient had continued chronic low back pain with cramping pain into the legs, right greater than left. Physical examination noted forward flexion to approximately 20 degrees, extension 5-10 degrees, lateral bending also limited significantly to approximately 5 degrees; straight leg raise positive, right greater than left; little trace weakness of the right ankle evertor; motor testing normal; reflexes diminished bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for L4-5 lumbar epidural steroid injection is not medically necessary. The basis for denial of the previous request was not specified. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no imaging study provided for review that would correlate with recent physical examination findings of an active radiculopathy at L5-S1. The MTUS states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxers). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication the injured worker was actively participating in a home exercise program. The MTUS also states that 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 general recommendation of no more than four blocks per region per year. The injured worker underwent at least four lumbar epidural steroid injections since 10/09/13. Furthermore, the level/duration of relief was not specified in the records submitted. Given this, the request for L4-5 lumbar epidural steroid injection is not indicated as medically necessary.