MAXIMUS Federal Services

Case Number:	CM14-0217044		
Date Assigned:	01/06/2015	Date of Injury:	01/08/2010
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Indiana
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 67 year old male with a work related injury dated 01/08/2010. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 11/24/2014, the injured worker presented with complaints of back pain radiating to the right hip. Diagnoses included displacement of lumbar disk without myelopathy, right greater trochanteric bursitis, lumbar spinal stenosis, and lumbosacral spondylosis without myelopathy. Treatments have consisted of L3-4 epidural steroid injection on 08/08/2014 which relieved approximately 50% of his pain for up to two months with additional injections noted on 01/30/2013, 12/20/2013, and 04/04/2014. Additional treatments noted include medications. Diagnostic testing included MRI lumbar spine on 07/29/2013 which showed a 2mm circumferential bulging disk at T11-12 and T12-L1, bilateral facet arthropathy and ligamentum flavum hypertrophy at L1-2, 3mm circumferential bulging disk at L2-3, 3-4mm broad based central protrusion at L3-4 and L4-5, and a bilateral facet arthropathy and ligamentum flavum hypertrophy at L5-S1. Work status is noted as temporarily partially disabled.On 12/19/2014, Utilization Review non-certified the request for L3-L4 Epidural Steroid Injection with Fluoroscopy citing California Medical Treatment Utilization Schedule Chronic Pain Guidelines regarding Epidural Steroid Injections. The Utilization Review physician stated there were no objective findings of radiculopathy on exam, no corroborative imaging studies included for review, and the injured worker underwent a lumbar epidural steroid injection on 08/08/2014 at L3-4 which provided 50% relief lasting for 2 months; however, there

is no description of improved function or reduction in medication use as a result. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)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.Radiculopathy does appear to be documented with imaging studies. The employee had a previous ESI which reported 50% reduction in pain on 8/8/2014, but there is no documentation of an associated reduction in medication usage. As such, the request for L3-L4 epidural steroid injection with fluoroscopy is not medically necessary.