MAXIMUS Federal Services

Case Number:	CM15-0113177		
Date Assigned:	06/19/2015	Date of Injury:	05/28/2013
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 63-year-old female who sustained an industrial injury on 5/28/13 when she was moving merchandise at work and felt a sharp pain in her low back. She was medically evaluated and treated with physical therapy, medications, epidural injections, MRI and computed tomography of the lumbar spine. She currently complains of moderate to severe low back pain. She ambulates with a cane. She gets pain relief and functional improvement with medications. On physical exam, there was tenderness in the paralumbar musculature, posterior superior iliac spine with spasms, normal range of motion but with pain. Medications are nortriptyline, diclofenac, omeprazole, cyclobenzaprine. Diagnoses include intractable low back pain; neural foraminal stenosis; herniated lumbar disc; degenerative disc disease, lumbar spine; bilateral lower extremity radicular pain; degenerative joint disease left knee. Treatments to date include medications; lumbar epidural steroid injection (4/28/15, 8/2014 with 80% relief); physical therapy. Diagnostic include computed tomography of the lumbar spine (1/8/14) unremarkable. In the progress note dated 5/12/15, the treating provider requested repeat lumbar epidural steroid injection as she has had relief in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat epidural injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46, 68.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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. The provided clinical documentation for review fails to show that previous ESI produced 50 % reduction in pain lasting 6-8 weeks with documented reduction in medication usage. Therefore, criteria or repeat ESI have not been met and the request is not medically necessary.