MAXIMUS Federal Services

Case Number:	CM15-0119833		
Date Assigned:	06/30/2015	Date of Injury:	09/29/2008
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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 35 year old male, who sustained an industrial injury on 9/29/08. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc disease; lumbar spine radiculopathy. Treatment to date has included lumbar epidural steroid injection (2011); physical therapy; medications. Currently, the PR-2 notes dated 5/21//15 indicated the injured worker returns to this office as a follow-up. He complains of low back pain that radiates down his right calf. The provider noted MRI of the lumbar spine showed 6mm herniation at L5- S1 (no imaging report provided for review). In the past, the injured worker has had multiple epidural injections with the last in 2011 with another provider. The patient reported the injection gave benefit of at least 50% and over an eight-week period. He has not had any injections since that time. And the pain has progressed. The patient is asking for another epidural steroid injection at this time. A physical examination demonstrates strength 5/5 bilaterally in the lower extremities with decreased sensation in the right calf. He as a hypoactive right ankle reflex with positive straight leg raise at 30 degrees in the right lower extremity. The provider's treatment plan included L5-S1 lumbar epidural steroid injection (ESI); Epidurography and monitored anesthesia care (MAC).

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: There are no MRI reports or medical records indication functional improvement from previous LESI provided for review. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief and functional benefit with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of specific decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The L5-S1 Lumbar ESI is not medically necessary and appropriate.

Monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There are no MRI reports or medical records indication functional improvement from previous LESI provided for review. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief and functional benefit with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient

continues to treat for chronic pain without functional benefit from previous injections in terms of specific decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. As the L5-S1 Lumbar ESI is not medically necessary and appropriate, thereby, the Monitored anesthesia care is not medically necessary and appropriate.

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Diagnostic epidurography under fluoroscopic guidance is performed to assess the structure of the epidural space and is usually performed prior to the epidural steroid injections. Epidurography in conjunction with epidural steroid injections may provide for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring. Review indicated the epidural steroid injection is not medically necessary and appropriate, thereby, the Epidurography is not medically necessary and appropriate.