MAXIMUS Federal Services

Case Number:	CM15-0122109		
Date Assigned:	07/24/2015	Date of Injury:	08/11/2009
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California
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 54 year old male who sustained an industrial/work injury on 8/11/09. He reported an initial complaint of back pain. The injured worker was diagnosed as having spinal/lumbar degenerative disc disease. Treatment to date includes medication, diagnostics, medial branch blocks, acupuncture (6 sessions), and multiple epidural steroid injections. MRI of the lumbar spine were reported on 3/3/10 that revealed disc protrusions and foraminal narrowing. Currently, the injured worker complained of chronic low back pain of 8/10 without medication and 4/10 with medication. Quality of sleep is fair. Per the primary physician's report (PR-2) on 5/1/15, exam noted decreased range of motion, palpable tenderness, spasm, and tightness to the paravertebral musculature, decreased sensation and motor weakness to the right lower extremity, and diminished reflexes on the right. The patient had a negative SLR. Current plan of care included continued use of soft lumbar brace and epidural injection for radiculopathy. The requested treatments include L4-L5 Lumbar Epidural Injection. Patient had received lumbar ESI on 12/17/14 with moderate relief in pain. The medication list include Zanaflex, Ultram, Gabapentin and Lidoderm patch. The patient had a UDS on 1/14/2010 that was positive for THC. The patient had received an unspecified number of PT and acupuncture visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Epidural Injection: Upheld

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

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

Decision rationale: Request L4-L5 Lumbar Epidural Injection The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. 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." Per the cited guideline criteria for ESI are "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)." The patient had a negative SLR on 5/1/15. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received lumbar ESI on 12/17/14 with moderate relief in pain. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI , was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance t medications was not specified in the records provided. With this, it is deemed that the request for L4-L5 Lumbar Epidural Injection is not medically necessary for this patient.