MAXIMUS Federal Services

Case Number:	CM15-0170418		
Date Assigned:	09/10/2015	Date of Injury:	03/22/2014
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This 59 year old male sustained an industrial injury on 3-22-14. Diagnoses include lumbar facet hypertrophy and left lumbar radiculitis and sciatica. Treatments to date include MRI, nerve conduction and x-ray studies, ankle surgery, physical therapy, TENS therapy, modified work duty and prescription pain medications. The injured worker has continued complaints of low back which radiates down to the bilateral lower extremities with numbness, tingling and paresthesias at 7-8/10, left wrist pain, bilateral knee and ankle pain on 8/14/15. The pain has affected the injured worker's activity level. Upon examination, lumbar range of motion is reduced. Paravertebral muscle spasm and localized tenderness is present in the lumbar spine area. Straight leg raising is positive on the right. Localized tenderness at left wrist joint near anatomical snuffbox and lower end of ulna. Pain reported ranges from 4 to 8 on a scale of 10. A request for Left sided L5-S1 transforaminal lumbar epidural steroid injection Qty: 1 and Left sided L5-S1 translaminar lumbar epidural steroid injection Qty: 1 was made by the treating physician. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the lumbar spine on 11/9/14 that revealed disc protrusons, foraminal narrowing. Patient had received lumbar ESI on 10/20/14 for this injury. The patient had received an unspecified number of PT visits for this injury. The medication list include Naproxen, Prilosec, Neurontin, Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 transforaminal lumbar epidural steroid injection Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: 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 guidelines, 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)." 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. 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 10/20/14 for this injury. 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. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Left sided L5-S1 transforaminal lumbar epidural steroid injection Qty: 1 is not fully established for this patient. Therefore, the request is not medically necessary.

Left sided L5-S1 transforaminal lumbar epidural steroid injection Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: 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 guidelines, 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)." 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 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 10/20/14 for this injury. 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. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Left sided L5-S1 translaminar lumbar epidural steroid injection Qty: 1 is not fully established for this patient. Therefore, the request is not medically necessary.