MAXIMUS Federal Services

Case Number:	CM15-0171689		
Date Assigned:	09/14/2015	Date of Injury:	07/17/2013
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 46 year old female who sustained an industrial injury on 07-17-2013. She reported injury to the lower back, right shoulder, neck, and mental/physical. The injured worker was diagnosed as having Sciatica, Thoracic Disc Displacement, Thoracic disc displacement with Myelopathy, Lumbago, Radiculitis, Lumbosacral spondylosis, Pin in thoracic spine, Myalgia and Myositis, Cervical Degenerative disk disease, Cervical herniated nucleus pulposus, and Cervical radiculopathy. Treatment to date has included micro lumbar discectomy January 2015 with resolution of back pain and left leg pain, oral medications, and epidural steroid injections. In the provider notes of 07-13-2015, the worker is seen for midback pain. She complains of difficulty swallowing, back pain, neck pain, muscle pain, stiffness, headaches, pain going down arm, and pain going down leg. Pain with medications is rated a 4 on a scale of 10. Pain without the medications is a 7 on a scale of 10. Her neck and low back pain complaints are improved after the surgery. She is having pain at the bra line without radiation. According to chart notes, the worker has had thoracic trigger point injections (TPI's) in the past without benefit. Current medications include Norco for pain. The plan is for a thoracic epidural steroid injection. A request for authorization was submitted for a Central Interlaminar T10-11 ESI. A utilization review decision (08-21-2015) denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Central Interlaminar T10-11 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Accordingly to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." 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. According to the documents available for review, the IW does not have physical exam findings and pain complaints that are corroborated by imaging studies and as required by the MTUS above. In particular, the Thoracic MRI fails to indicate nerve root compression or spinal cord impingement at T10/T11. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.