MAXIMUS Federal Services

Case Number:	CM15-0029193		
Date Assigned:	02/23/2015	Date of Injury:	06/24/1998
Decision Date:	04/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 65 year old male who sustained an industrial injury on 06/24/1998. He has reported constant soreness in bilateral buttocks and constant sharp and burning pain in the anterior aspect of right thigh. His pain is rated as 4/10 with medications and 9/10 without medications. He also complained of intermittent neck pain radiating to the back of the head and rated as a 7/10, Pain in the left shoulder was also noted. Activity intensifies pain while medications make it better. Diagnoses include lumbosacral spondylosis. Treatment to date include lumbar surgery (01/27/2012) and a revision of L5-S1 fusion and L3-L4 laminectomy (07/11/2013). A progress note from the treating provider dated 02/05/2015 indicates the IW has a hesitant, short base, nonantalgic gait, walks with a one point cane, and has a low lumbar midline 18cm scar. The back was tender to palpation with no spasm in the lower lumbar paravertebral muscles. There was decreased lumbar range of motion, and absent deep tendon reflexes bilaterally with decreased sensation to pinprick and light touch in the lateral aspect of both lower extremities. A new MRI shows significant foraminal stenosis at L5 bilaterally. His exam was consistent with radiculopathy. The treatment plan was request a right L3-4 transforaminal epidural steroid injection. Medications were also prescribed. On 02/12/2015 Utilization Review non-certified a request for 1 transforaminal epidural steroid injection at right L3-4. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal epidural steroid injection at right L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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 were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). The treating physician has failed to provide documentation of dermatomal distribution of pain that is supported with imaging and/or electrodiagnostic studies. As such, the request for 1 transforaminal epidural steroid injection at right L3-4 is not medically necessary.