MAXIMUS Federal Services

Case Number:	CM15-0071770		
Date Assigned:	04/22/2015	Date of Injury:	07/02/2006
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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: Florida
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 46-year-old male, who sustained an industrial injury on 7/2/06. He reported a low back injury. The injured worker was diagnosed as having lumbar degenerative disc disease, facet arthropathy of the lumbar spine and lumbar radiculopathy. Treatment to date has included oral medications including opioids, topical medications, spinal surgery, physical therapy and home exercise program. Currently, the injured worker complains of stabbing, cramping and burning right sided low back pain with increased tightness in low back and pain in bilateral shoulders. The injured worker notes medications allow improvement in function and increased sleep. Physical exam noted tenderness to palpation of lumbar midline with decreased range of motion and decreased sensation of L3 and L4 dermatome. The treatment plan included request for authorization for epidural steroid injection, proceeding with (CT) computerized tomography scan of lumbar spine and request for a bone scan of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right L3-L4 and Right L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 80.

Decision rationale: 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. Regarding this patient's case, all of the above criteria has been full filled. There is an MRI that was performed in 2013 that does show evidence of radiculopathy that corresponds with this patient's physical exam findings. Likewise, this request is medically necessary.

Bone Scan of the Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Pain complaints Page(s): 182.

Decision rationale: MTUS guidelines recommend bone scans where infections, cancer, stress fractures, or certain forms of arthritis is suspected. Regarding this patient's case, the requesting physician states that this test is being requested to evaluate for a Pseudarthrosis. This is a reasonable indication for obtaining a bone scan and is consistent with MTUS guidelines. This request is medically necessary.