MAXIMUS Federal Services

Case Number:	CM15-0090609		
Date Assigned:	05/14/2015	Date of Injury:	07/12/2012
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina
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 48 year old male, who sustained an industrial injury on 7/12/12. The diagnoses have included chronic low back pain, lumbar degenerative disc disease (DDD), lumbar spondylosis, thoracic / lumbosacral neuritis / radiculitis, myofascial pain and spasm and history of hypertension and sleeping problems. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 3/2/15, the injured worker complains of chronic low back, right hip, right leg / foot and neck pain which is constant. The average pain since the last visit was 6/10 with poor sleep reported due to pain. The physical exam reveals ongoing low back pain with bilateral leg pain with numbness to below the knee. The injured worker continues to complain of radicular pain to the bilateral lower extremities. There is no new deficits noted and there is positive straight leg raise on the right. The diagnostic testing that was performed included lumbar Magnetic Resonance Imaging (MRI) dated 11/10/14 reveals lumbar degenerative disc disease (DDD) and spasm. The current medications included Baclofen, Nucynta, Lisinopril and Celebrex. Treatment plan was to continue with medications, physical therapy/home exercise program (HEP) and follow up in one month. The physician requested treatment included Right L4-5, L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5, L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 electro diagnostic 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. Previous ESI had failed to produce 50% reduction in pain lasting 6-8 weeks with reduction in medication use. Therefore all criteria for ESI have not been met and the request is not certified and is not medically necessary.