

Case Number:	CM13-0002579		
Date Assigned:	12/11/2013	Date of Injury:	10/10/2011
Decision Date:	02/07/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of October 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; at least one to two prior epidural steroid injections; and work restrictions. The applicant has filed a claim for derivative psychological stress. In a utilization review report of July 16, 2013, the claims administrator certified an epidural steroid injection, fluoroscopic guidance, an epidural steroid injection at a second level, and denied a request for lumbar myelography and an epidurogram. The applicant's attorney later appealed, on July 19, 2013. An earlier note of July 31, 2013 is notable for comments that the applicant reports persistent low back pain radiating down the bilateral legs with associated numbness and tingling. BuTrans has not been helpful. The applicant states that a previous steroid injection was helpful. The applicant states that he cannot presently work owing to pain. A normal gait, symmetric reflexes, diminished range of motion, and positive straight leg rising is noted on the left. The applicant has an MRI showing a broad-based disk bulge at L4-L5 and L5-S1 without any focal disk herniations or protrusions. The applicant is given a 10-pound lifting limitation, which it does not appear that the employer has accommodated. A subsequent note of November 6, 2013 is notable for comments that the applicant did not report any substantial pain relief following the prior epidural steroid injection of September 24, 2013. An earlier epidural apparently generated pain relief. The applicant states that he is stressed and is having psychological and pain issues. A 10-pound lifting limitation is again endorsed. Norco is again refilled. The applicant is asked to follow up with the spine surgeon and cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Guidelines in chapter 12, myelography or CT myelography are considered "optional" for preoperative planning purposes, if MRI imaging is unavailable. In this case, however, the applicant has apparently had prior lumbar MRI imaging. The attending provider has not clearly stated why MRI imaging would be unsatisfactory here for preoperative planning purposes. It is further noted that the applicant's spine surgeon has earlier told him that smoking cessation is a prerequisite for pursuit of spine surgery. Since the applicant has not ceased smoking, it is not clear that he would be a surgical candidate. Myelography is generally considered a preoperative planning tool. Since surgery is not clearly indicated here, the lumbar myelography is also not indicated. The request for a lumbar myelography is not medically necessary and appropriate

Lumbar Epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Neuroradiology, Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases, Blake A/ Johnson, Kurt P Schellhas, and Steven R Polleia.

Decision rationale: The MTUS does not specifically address the topic of epidurography. The American Journal of Neuroradiology (AJNR) notes that epidurography can be employed in conjunction with epidural steroid injections to provide safe and accurate therapeutic injections. In this case, however, the applicant did not meet criteria for repeat epidural steroid injection therapy. Prior to undergoing an epidural steroid on September 24, 2013, the applicant had had at least one prior epidural steroid injection and failed to respond favorably to same. There was no evidence of functional improvement following completion of the prior epidural steroid injection. The applicant had failed to return to work. The applicant failed to effect any clear improvement in terms of work status or work restrictions following completion of these epidural steroid injections prior to September 24, 2013. The applicant failed to diminish reliance on medical treatment and medications. The applicant continued to use Norco even after the September 24, 2013 epidural injection which, the attending provider noted, was ultimately deemed unsuccessful in terms of pain relief, reduced work restrictions, or reduction in usage of pain medications. For all of these reasons, then, the request for a lumbar epidurogram is not medically necessary and appropriate.

Lumbar epidural steroid injection additional levels (62311 x2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Guidelines, "no more than two nerve root levels should be injected using transforaminal blocks." In this case, the attending provider had already blocked two levels on September 24, 2013. Adding an additional two levels would have resulted in a blockade well in excess of the MTUS Chronic Pain Guidelines' recommendations. It is further noted that the injection was ultimately unsuccessful. For all of these reasons, then, the request for lumbar epidural steroid injection at additional levels is not medically necessary and appropriate.