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| Case Number: | CM13-0006794 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 09/18/2009 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 07/19/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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:

This 39-year-old male sustained an industrial injury on 9/18/09. The mechanism of injury is not documented. The 3/4/10 lumbar spine MRI documented mild bony and disc degenerative changes with 1-2 mm disc bulge at all levels. There was mild foraminal narrowing without nerve root compression at L1/2, L2/3, L3/4, and L45. The 4/29/13 bilateral lower extremity electrodiagnostic study demonstrated evidence of chronic left L4, L5, and S1 radiculitis. The 5/17/13 treating physician report cited worsening low back pain with more shooting left leg pain. Lumbar exam findings documented normal strength and sensation, mild thoracic tenderness, left sacroiliac joint and sciatic notch tenderness, pain on return from flexion, and positive left straight leg raise. The treatment plan recommended an epidural steroid injection, followed by physical therapy to work on core stabilization. The 6/28/13 treating physician report cited neck, right arm, low back and left leg aching pain, worse with prolonged sitting and standing. Pain was better with cervical injections and physical therapy. H-wave helped the neck but he could not figure out how to use it on the low back. Physical exam findings were unchanged. The treatment plan recommended lumbar epidural steroid injection, H-wave instruction for the low back, home exercise program, and medications. The 7/19/13 utilization review denied the request for left L4, L5 and S1 epidural steroid injection based on a lack of clinical exam findings of radiculopathy, no imaging evidence of nerve root impingement, no guideline support for use of sedation, and unknown degree of conservative therapy focused on the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE TRANSFORAMINAL EPIDURAL STEROID INJECTION TO LEFT L4, LEFT L5, AND LEFT S1 UNDER FLUROSCOPIC GUIDANCE AND CONSCIOUS SEDATION.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Low Back-ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. No more than two nerve root levels should be injected using transforaminal blocks. Guideline criteria have not been met. There is no documentation of pain in a dermatomal distribution consistent with exam findings of radiculopathy. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Additionally, guidelines do not support transforaminal injections to more than 2 levels. Therefore, this request for lumbar spine transforaminal epidural steroid injection to left L4, left L5, and left S1 under fluroscopic guidance and conscious sedation is not medically necessary.