

Case Number:	CM13-0021673		
Date Assigned:	09/08/2014	Date of Injury:	09/17/2009
Decision Date:	10/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56-year-old female who reported an injury on 09/17/2009; reportedly, the injury occurred while driving a school bus when the hydraulic seat fell to the frame. She sustained injuries to her lower back. The injured worker's treatment history included an MRI of the lumbar spine; bilateral L5 selective nerve root blocks; status post decompression and laminectomy and discectomy of L3-4, L4-5, and L5-S1 with posterolateral fusion, bone graft, and posterior interbody fusion with implants; aquatic therapy; acupuncture sessions; epidural injections; home exercise; and a TENS unit. Within the documentation that was submitted, it was noted that the injured worker had undergone a bilateral L5 selective nerve root block, which gave her significant improvement of her symptomologies. She then did some lifting and unfortunately, had some further pain. It was documented that the injured worker had an EMG and nerve conduction study done to the bilateral lower extremities on 09/10/2012 and the report revealed there was acute bilateral L5 radiculopathy. The injured worker had a CT myelogram on 03/02/2010 that showed the laminectomy and fusion with no disc bulge at L4-5 with soft tissue density at this level. The injured worker was evaluated on 06/13/2013 and it was documented that the injured worker complained of lower back pain. The physical examination revealed there was no sign of sedation. She was alert and oriented. Spasm and tenderness of the lumbar spine and paraspinal/paravertebral area was noted with a well healed incision. The straight leg raise was negative. The diagnoses included history of lumbar fusion, intractable lumbar pain, and lumbar radiculopathy. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The selective transforaminal nerve root injection at L4-5 performed on 6/5/13: Upheld

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

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

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documents submitted on 06/23/2013 the injured worker stated the injured worker had received injections, however, the provider failed to indicate long term relief and her pain returned. Given the above, the request for selective transforaminal nerve root injection at L4-5 performed on 06/25/2013 is not medically necessary.

The interpretation of a neurogram/myelogram: 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 Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic. Myelography.

Decision rationale: The request for interpretation of a neurogram/myelogram is not medically necessary. Per the Official Disability (ODG) Guidelines do not recommend recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is okay if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. The injured worker had a CT myelogram on 03/02/2012 that showed the laminectomy and fusion with no disc bulge at L4-5 with soft tissue density at this level. There is no rationale provided to repeat this study. As such, the request is not medically necessary.

The injection of Marcaine and Depo-Medrol: 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 Page(s): 301.

Decision rationale: The requested is not medically necessary. According to the California MTUS/ACOEM state Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. There are conflicting studies concerning the effectiveness of prolotherapy, also known as sclerotherapy, in the low back. Lasting functional improvement has not been shown. The injections are invasive, may be painful to the patient, and are not generally accepted or widely used. Therefore, using prolotherapy for low back pain is not recommended. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The provider has already failed prior nerve root injections with her pain returning. The request lacked location where the injection is required for the injured worker. As such, the request for injection of Marcaine and Depo-Medrol is not medically necessary.

Fluoroscopy: 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 Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for fluoroscopy is not medically necessary. The California Treatment Guidelines recommend that injections 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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.

The injured worker has had several nerve root injections with no functional improvement. As such, the fluoroscopy would not be necessary. As such, the request is not medically necessary.