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| <b>Case Number:</b>   | CM13-0023151 |                              |            |
| <b>Date Assigned:</b> | 11/15/2013   | <b>Date of Injury:</b>       | 01/20/2005 |
| <b>Decision Date:</b> | 01/06/2014   | <b>UR Denial Date:</b>       | 08/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

65 y.o. female with injury from 1/20/05 suffers from chronic low back condition including pain down the legs. 8/28/13 report by [REDACTED] shows that the patient has worsening bilateral lower extremity numbness and weakness with most of the symptoms on the right side. Exam showed 4/5 right distal leg strength, otherwise negative. The treater is requesting repeat lumbar ESI since the last injection was from early 2012. Prior MRI of L-spine had shown disc herniation at L3-4 with foraminal stenosis. An AME report from 6/8/06 shows that the patient tried ESI on 12/29/05 that "caused significant improvement." 9/26/13 letter of appeal by the treater indicates that the patient has an MRI from 4/20/05 that showed 1cm HNP at L4-5 and did undergo multiple lumbar epidural steroid injections which provided some mild reduction in pain. The patient also had an ESI, bilateral transforaminal approach in November 2007(treater does not provide information on how the patient did following this injection). The patient then had an MRI in 12/21/7 that showed 2-3 mm disc bulges with some foraminal stenosis at L3-4, 4-5. The patient again had repeat injection on 4/27/10 "with improvements in her lower extremity pain." She then had acupuncture without improvement. In 2010, the patient had PT with some improvement. The patient's last ESI was on 3/7/12 "with benefit." The patient had greater than 50% pain relief, then proceeded with 6 sessions of pool therapy and 6 PT, but "unfortunately continued having low back pain during that point in time." The patient continued t

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) right transforaminal lumbar epidural steroid injection at right L4 and L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 46-47.

**Decision rationale:** Despite the treater's letter of appeal outlining the patient's injection and other treatment history, there is lack of adequate support for repeating the requested ESI. MTUS clearly states that for a repeat injection, "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks." Although the treater states that the patient had 50% reduction of pain, he does not state for how long the relief was. More importantly, MTUS also requires reduction of medication use and documentation of functional improvement. The treater does not provide any evidence that the patient's daily functions are improved AND reduction of medication use from the injection. The patient has had multiple injections in the past without "significant" improvement as outlined in MTUS. Finally, based on the patient's current MRI, the patient's radiculopathy cannot be adequately documented. MRI showed only bulging discs and it is difficult to tell that the patient has a clear diagnosis of radiculopathy. Recommendation is for a denial.

**Lumbar myelography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for Myelography and CT Myelography.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 46-47. Decision based on Non-MTUS Citation ODG, Transforaminal approach.

**Decision rationale:** There is no discussion in MTUS, ACOEM nor ODG guidelines regarding lumbar myelography in conjunction with an epidural steroid injection, interlaminar or transforaminal. Myelography is outlining of the nerve roots in the spine but this is considered part of epidural steroid injection where contrast is injected to ensure proper location of the needle. Treater's sometime invoke myelography for additional billing for this procedure but "outlining" of the nerve root to ensure proper positioning of the needle is part of epidural steroid injection, interlaminar or transforaminal. Recommendation is for a denial.

**Lumbar epidurogram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 46-47.

**Decision rationale:** Epidurography is outlining of the epidural space that is visualized when contrast is injected into the epidural space. This is part of epidural steroid injection and is not considered a separate procedure. Treaters at times document epidurography for additional billing but when a needle placed in the epidural space, and epidurography is achieved from injection of contrast, proper needle placement is merely confirmed prior to injection of steroid. None of the guidelines quoted above discuss epidurography as an additional procedure to ESI. Recommendation is for denial.

**IV sedation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 46-47.

**Decision rationale:** The Physician Reviewer's decision rationale: IV sedation is optional for ESI. Since ESI is not recommended in this case, there is no need for authorization of IV sedation. Recommendation is for denial.

**Fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Transoraminial approach.

**Decision rationale:** Fluoroscopic guidance is recommended for an ESI. However, since ESI is not recommended, there is no need for fluoroscopic guidance.

**Contact dye:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 46-47.

**Decision rationale:** Use of contrast dye is a necessary part of performing an ESI. However, since ESI is not recommended, there is no need for the use of contrast dye. Recommendation is for denial.