

Case Number:	CM13-0033278		
Date Assigned:	12/11/2013	Date of Injury:	07/01/2005
Decision Date:	02/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/09/2013

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 & 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. 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 patient is a 63 year old male with date of injury 07/01/2005. The patient suffers from post-laminectomy syndrome with left radiculopathy around lumbar L4-L5 distribution. According to a report dated 08/05/2013 by [REDACTED], the patient complains of left leg pain and back pain. The pain is constant, rated 10 out of 10. The patient had ongoing management including physical therapy, acupuncture, chiropractic, LESI, SNRB at L4/5 without much relief from the pain. In fact, the patient is reporting worsening symptoms of numbness and tingling in the left leg. The treater is requesting SNRB at L4-L5 and L5-S1, discogram to pin point the pain generator and an MRI of the lumbar spine. An MRI of the lumbar spine from 10/2/12 showed post-operative changes at L4-5 with no recurrent disc, enhancing contrast at this level, suggesting reactive changes with epidural fibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SNRB at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections, Diagnostic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections, Diagnostic

Decision rationale: The Physician Reviewer's decision rationale: This patient continues with chronic left leg pain and low back pain. The patient is diagnosed with post-laminectomy syndrome with left radiculopathy around the lumbar L4-L5 distribution. The records indicate that the patient had undergone a selective nerve root block on the left at L4-L5 on 05/22/2013, which did not provide significant improvement. The records indicate that the patient continues with severe pain and has had multiple visits to the ER regarding leg pain. The treating provider was requesting the repeat selective nerve root block at L4-L5 and a block at L5-S1. MTUS guidelines do not specifically address selective nerve root blocks, but this is a form of an epidural steroid injection (ESI). ODG states that diagnostic selective nerve injections are used for diagnostic purposes to determine the level of radiculopathy. They can be used to help to identify the origin of pain in patients who have had previous spinal surgery. The request for a repeat selective nerve root block at L4-L5 does not appear to be reasonable as the patient had recently undergone the same procedure at this level with a negative response. This would mean that the patient's leg pain is not related to L4-5 foramen or L4 nerve root. The patient has had left-sided discectomy with evidence of epidural fibrosis around the left L5 nerve root. There is no need to test for this nerve as there is no confusion as to where the patient's leg pain is coming from. It is the L5 nerve root. There are no other nerve root lesions evident on the MRI. Recommendation is for denial.

Discogram to pin point Pain Generator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines, Discography: (p304,305); and the Official Disability Guidelines (ODG) ODG

Decision rationale: The Physician Reviewer's decision rationale: This patient has continued with significant low back pain and radicular pain in the left lower extremity. They have failed laminectomy as well as diagnostic nerve root block. ACOEM Guidelines on page 304 state that recent studies on discography did not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. ODG Guidelines state that it is not recommended. ODG further states that while it is not recommended, the patient's selection criteria if discography is to be performed, require several indications such as satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided). Discography would be indicated if fusion surgery is anticipated. In this patient, there

is no indication for a fusion surgery. The patient does not present with instability, fracture, dislocation or spondylolisthesis. Recommendation is for denial.

. MRI of the lumbar spine with and without contrast: 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 College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Lumbar Fusion, pages 303, 307; and the Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with significant left leg pain, then a status post laminectomy at the L4/L5 level. The patient has not had relief of symptoms and has reported that his symptoms of the left leg pain with numbness and tingling are worsening. However, the exam findings of 08/05/2013 note that the patient has bilateral lower extremity strength which is normal, as well as normal neurovascular exam to the lower extremities. The patient does have radiating pain provoked by a straight leg raise on the left. The patient has undergone a previous MRI of the lumbar spine in 2012 which showed postoperative fibrosis and a small postoperative fluid collection at L4-L5, with no evidence of recurrent disk protrusion at L4-L5. There was enhancing vertebral end plates at L4-L5, suggesting reactive changes. There were multi-disk degenerative changes. The patient also had EMG/NCV study done in 2012. This showed that he has no acute denervation in the L4-L5 or S1 distribution, but the opinion was that he had spotty nerve root involvement with epidural fibrosis, left greater than right. ACOEM Guidelines page 303 state that unequivocal objective findings that identify specific nerve compromise under neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG recommends MRIs as the test of choice for patients with prior back surgery. Repeat MRIs are indicated only if there has been progression of neurologic deficit. The progress report stated 03/22/2013, 05/01/2013, and 08/05/2013 appeared to have exam findings that are unchanged regarding the neurologic deficit. Therefore, the recommendation is for denial.