

Case Number:	CM13-0038190		
Date Assigned:	01/15/2014	Date of Injury:	03/07/2012
Decision Date:	03/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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, 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:

This is a 61-year-old gentleman with a date of injury of 3/07/12. The patient has a history of repetitive work as a cook, and injured his right shoulder and low back in the course of repetitive work activities. The patient had initial conservative care measures, including activity modification, medications, and physical therapy (PT). Due to persistent symptoms he was referred to an orthopedic specialist and MRI/CT was done. MRI (magnetic resonance imaging) shows a 2-3 mm disc protrusion at L5-S1 with some mild contact with right nerve roots. At L4-5, there is a 5 mm disc bulge with possible bilateral nerve root impingement. At L3-4, there is 3 mm bulge without impingement. The patient had a prior reportedly positive EMG (Electromyography) and has had one ESI (epidural steroid injection) with temporary relief. The patient is now treating with a new orthopedic PTP (primary treating physician) who first evaluated the patient on 11/15/12. At that time, he had radiation of low back pain to the right leg. The exam was not specific for radiculopathy, or specific involved nerve roots. On that initial evaluation, the orthopedist asked for bilateral lumbar ESI (selective nerve roots) at L3-4, L4-5, and L5-S1. This is a total of 6 ESI's in one setting. Over the course of multiple visits throughout 2013, ESI's were requested, denied, and then appealed. None of the reports have specific nerve root dermatomal/myotomal patterns. There are conflicting reports, some stating symptoms affect both legs, some stating that the right is affected. After the first denial of 3 levels, the PTP adjusted the request to bilateral injections at 2 levels. The most recent Utilization Review decision is dated to 10/07/13, and non-certification was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections.

Decision rationale: The guidelines do support ESI Epidural steroid injections) in patients with clear clinical findings suggestive of radiculopathy that is corroborated by exam and diagnostic imaging and/or EMG (Electromyography), and that has failed initial conservative care. Selective nerve root blocks may be done for either diagnostic purposes, or when the clinical data suggests specific nerve roots involved. No more than 2 levels/blocks are indicated. Repeat injections require clear quantification of the response and duration of the response. In this case, for unknown reasons, despite a year of requesting the ESI's, the current PTP (primary treating physician) has been unable to obtain prior notes that outline when the prior ESI was done, what levels were done, and what the documented response was. On a first tier, no further ESI's are justified based on this alone. However, in addition, there is no diagnostic benefit to blocking multiple bilateral nerve roots, and this is not medically necessary. There are no findings that suggest radiculopathy affecting bilateral and multiple nerve root levels. In addition, the exam and symptoms are inconsistent in submitted PTP reports. Some state that symptoms are on the right, some state that symptoms are bilateral. Some record findings suggestive of nerve root compression, others do not. The very fact that symptoms and exam findings are not consistent and reports are not reproducible does not support objective evidence of a radiculopathy. Medical necessity is not established for repeat ESI's.

Epidural steroid injection, bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections.

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justified based on this alone. However, in addition, there is no diagnostic benefit to blocking multiple bilateral nerve roots, and this is not medically necessary. There are no findings that suggest radiculopathy affecting bilateral and multiple nerve root levels. In addition, the exam and symptoms are inconsistent in submitted PTP reports. Some state that symptoms are on the right, some state that symptoms are bilateral. Some record findings suggestive of nerve root compression, others do not. The very fact that symptoms and exam findings are not consistent and reports are not reproducible does not support objective evidence of a radiculopathy. Medical necessity is not established for repeat ESI's.