

Case Number:	CM13-0041090		
Date Assigned:	12/20/2013	Date of Injury:	03/28/2013
Decision Date:	04/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 claimant is a 34-year-old man who sustained a work related injury on March 26, 2013. Subsequently, he developed a chronic back pain. According to a note dated on September 20, 2013, the patient was reported to have a persistent back pain. His physical examination demonstrated limited lumbar range of motion, positive straight leg raise test bilaterally. His lumbar MRI performed on May 10, 2013 showed L5-S1 and L4-L5 disc protrusion. The patient was treated with pain medications and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L5 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, the epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant

log term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the bilateral transforaminal lumbar epidural steroid injection (LESI) at L5 and S1 is not medically necessary.

LUMBAR MYELOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Epidurography/Epiduroscopy in Pain Management" Journal of Anaesth Clin Pharmacol 2004: 20(3), 239-244.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Myelography; (<http://en.wikipedia.org/wiki/Myelography>).

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of lumbar myelogram. Lumbar myelogram is indicated in case of disc herniation, tumor and spinal cord compression, especially when the MRI is contraindicated or provided limited information. There is no clinical evidence suggesting that the patient has a contraindication to use MRI. Furthermore, there is no evidence that the patient MRI provided limited information. Therefore, the prescription of lumbar myelography is not medically necessary.

LUMBAR EPIDUROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS "Epidurography/Epiduroscopy in Pain Management" Journal of Anaesth Clin Pharmacol 2004: 20(3), 239-244.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Lumbar Epidurogram. <http://www.calbps.com/Lumbar-Epidurogram.html>.

Decision rationale: MTUS guidelines are silent regarding lumbar epidurogram. Lumbar epidurogram is indicated in the management of radiculopathy, chronic lumbar pain, pain from failed surgery, contraindication for MRI and confirmation test for epidural placement for catheter. There is no documentation in the patient records for the need for lumbar epidurogram. Therefore, the request for lumbar epidurogram is not medically necessary

IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS article "Avoiding Catastrophic Complications from Epidural Steroid Injections"

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Because the bilateral transforaminal lumbar epidural steroid injection (LESI) at the L5 and S1 was not approved, the IV sedation is not medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Because the bilateral transforaminal lumbar epidural steroid injection (LESI) at the L5 and S1 was not approved, the fluoroscopic guidance is not medically necessary.

CONTRAST DYE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs),.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Because the bilateral transforaminal lumbar epidural steroid injection (LESI) at the L5 and S1 was not approved, the contrast dye is not medically necessary.