

<b>Case Number:</b>	CM13-0043773		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Anesthesiology 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:

This patient is a 52-year-old female with a date of injury of 06/06/2002. The patient's diagnoses include post laminectomy (lumbar) syndrome, lumbosacral neuritis, NOS, radiculopathy, cervical disc displacement, hypertension, conversion disorder, major depression, and pseudo-dementia. The patient is noted to have constant severe pain with radiation to the left lower extremity and constant severe neck pain. On 04/04/2013 medical records indicate this patient has worsening radiating pain in the low back and she is unable to perform activities of daily living. On 11/19/2013 medical records indicate the patient's pain is "excruciating", a 9 out of 10. It is described as sharp lower lumbar pain with radiation to lower extremities mainly the right. There is reported numbness throughout her right lower extremity and in her left foot. According to the medical record, the patient is noted to have had previous attempt at conservative therapies and referred for physical therapy in 2002. This patient has had an L5-S1 fusion on 03/07/2007 and a previous lumbar epidural steroid injection with noted pain relief for two months and approximately 55% functional improvement. The diagnostic studies include a lower extremity electromyography (EMG) performed on 09/26/2007 demonstrating a chronic left L5 and left S1 radiculopathy. There is also an MRI (magnetic resonance imaging) of the lumbar spine from 09/17/2013 showing evidence of chronic spondylosis with anterolisthesis at L5-S1, synovial cyst (9 x 4 mm) likely impinging upon the traversing left S1 nerve root, severe stenosis of bilateral neuroforamina at the L5-S1 level, worse of the left. The patient's medications include Buprenorphine 0.1 mg sublingual, 1 tab under tongue twice daily as needed for pain

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **SEDATION FLUOROSCOPY GUIDANCE CONTRAST DYE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Epidural Steroid Injection (ESIs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Problems, Epidural Steroid Injections

**Decision rationale:** According to the MTUS guidelines and the Official Disability Guidelines (ODG), all epidural steroid injections should be performed using fluoroscopy (live x-ray) for guidance. This necessitates the use of radiopaque material (contrast dye). Fluoroscopic guidance utilizing contrast dye is a definitive part of the criteria for epidural steroid injection. It is essential to inject radiopaque material (contrast dye) to assure proper placement of the needle and flow of injected material. This is an essential part of the lumbar epidural steroid injection process. Both the MTUS guidelines and the ODG are silent on utilization of IV sedation for epidural steroid injections. A small amount of IV sedation is generally considered to be optional. Therefore, the above requested sedation fluoroscopy guidance contrast dye are considered to be medically necessary.

## **BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTIONS (LESI): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-309, Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Problems, Epidural Steroid Injections

**Decision rationale:** According to the MTUS guidelines, this patient meets criteria for the first item (1.) bilateral transforaminal lumbar epidural steroid injections (LESI). This patient has documented evidence of lower extremity radiculopathy by physical examination and imaging/ electromyography (EMG) studies. She also has documented evidence of being unresponsive to conservative treatment. Epidural Steroid Injections are recommended as a possible option for short term treatment of radicular pain. Repeated blocks should be based on objective documented pain and functional improvement. There is no need for a separate Lumbar Myelography procedure (item 2.) or a separate Lumbar Epidurogram procedure (item 3.). The MTUS guidelines and Official Disability Guidelines (ODG) do not specifically address these items in relation to LESI; however, fluoroscopic guidance with radiopaque contrast is an inherent part of the criteria for performance of LESI. This obviates the need for a separate isolated Lumbar

Myelogram or Lumbar Epidurogram. Therefore, the treatment request for bilateral transforaminal LESI is considered medically necessary.

**LUMBAR MYELOGRAPHY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Myelography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-309, Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Problems, Epidural Steroid Injections.

**Decision rationale:** According to the MTUS guidelines, this patient meets criteria for the first item (1.) bilateral transforaminal lumbar epidural steroid injections (LESI). This patient has documented evidence of lower extremity radiculopathy by physical examination and imaging/ electromyography (EMG) studies. She also has documented evidence of being unresponsive to conservative treatment. Epidural Steroid Injections are recommended as a possible option for short term treatment of radicular pain. Repeated blocks should be based on objective documented pain and functional improvement. There is no need for a separate Lumbar Myelography procedure (item 2.) or a separate Lumbar Epidurogram procedure (item 3.). The MTUS guidelines and Official Disability Guidelines (ODG) do not specifically address these items in relation to LESI; however, fluoroscopic guidance with radiopaque contrast is an inherent part of the criteria for performance of LESI. This obviates the need for a separate isolated Lumbar Myelogram or Lumbar Epidurogram. The requested treatment for Lumbar Myelography is considered not medically necessary.

**LUMBAR EPIDUROGRAM IV: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Myelography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-309, Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Problems, Epidural Steroid Injections

**Decision rationale:** According to the MTUS guidelines, this patient meets criteria for the first item (1.) bilateral transforaminal lumbar epidural steroid injections (LESI). This patient has documented evidence of lower extremity radiculopathy by physical examination and imaging/ electromyography (EMG) studies. She also has documented evidence of being unresponsive to conservative treatment. Epidural Steroid Injections are recommended as a possible option for short term treatment of radicular pain. Repeated blocks should be based on objective documented pain and functional improvement. There is no need for a separate Lumbar Myelography

procedure (item 2.) or a separate Lumbar Epidurogram procedure (item 3.). The MTUS guidelines and Official Disability Guidelines (ODG) do not specifically address these items in relation to LESI; however, fluoroscopic guidance with radiopaque contrast is an inherent part of the criteria for performance of LESI. This obviates the need for a separate isolated Lumbar Myelogram or Lumbar Epidurogram. The requested treatment for Lumbar Epidurogram is considered not medically necessary.