

Case Number:	CM13-0059952		
Date Assigned:	12/30/2013	Date of Injury:	10/04/2003
Decision Date:	07/02/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; dietary supplements; two earlier foot neuroma surgeries; unspecified amounts of psychotherapy, cognitive behavioral therapy, and acupuncture; and the apparent imposition of permanent work restrictions. In a progress report dated November 22, 2013, the applicant was described as reporting persistent low back pain radiating to the bilateral lower extremities. It was stated that the applicant's usage of physical therapy, Sentra, and acupuncture was not altogether successful. The applicant did have lumbar MRI imaging of June 12, 2012, notable for 2-mm disc protrusions at L3-L4 and L4-L5 demonstrating associated foraminal narrowing. The applicant did exhibit 5/5 lower extremity strength with positive straight leg raising and diminished sensorium noted about the right leg. The decision to deny earlier epidural steroid injections was appealed. The attending provider reiterated his belief that the applicant was in fact symptomatic at the levels in question. The remainder of the file was surveyed. There was no clear evidence that the applicant had in fact undergone earlier epidural steroid injections at any point during the life of the claim. A medical-legal evaluation of February 22, 2012, did not uncover any evidence that the applicant had in fact undergone prior lumbar epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL STEROID INJECTION L3-L4, L4-L5 X 2:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. However, the MTUS does support up to two diagnostic blocks. In this case, the applicant does not appear to have had any prior epidural steroid injections at any point during the course of the claim. A trial diagnostic epidural block at the levels in question is indicated, appropriate, and supported by the MTUS in light of the applicant's persistent bilateral lower extremity radicular complaints which have proven recalcitrant to conservative treatment in the form of time, medications, and physical therapy. Therefore, the request is medically necessary.

LUMBAR MYELOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-A, page 309, do acknowledge that myelography or CT myelography is "optional" for preoperative planning purposes if MRI imaging is unavailable, in this case, however, it was never clearly stated that the applicant was in fact considering or contemplating lumbar spine surgery. It was never clearly stated that applicant was a candidate for any kind of surgical intervention insofar as the lumbar spine was concerned. Therefore, the proposed myelography is not medically necessary.

LUMBAR EPIDUROGRAM: Overtured

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 Journal of Neuroradiology (AJNR) 1. AJNR 1999 20: 697-7052. SPINE Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases CONCLUSION: Epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring.

Decision rationale: The MTUS does not address the topic. However, as noted by the American Journal of Neuroradiology (AJNR), epidurography in conjunction with epidural steroid injections does provide for safe and accurate injection delivery and can, moreover, be performed

safely on an outpatient basis without any suggestion of specific monitoring. In this case, then, epidurography can, as suggested by AJNR, be employed in conjunction with the epidural injection approved above to facilitate safe delivery of the epidural steroid injection in question. Therefore, the request is medically necessary.

FLUOROSCOPIC GUIDANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, fluoroscopy should be employed in conjunction with all epidural steroid injections. In this case, the epidural injection in question has been approved above. Usage of fluoroscopy for guidance purposes is likewise indicated. Therefore, the request is medically necessary.