MAXIMUS Federal Services

Case Number:	CM13-0066041		
Date Assigned:	01/03/2014	Date of Injury:	01/29/2010
Decision Date:	05/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery 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 patient is a 57-year-old male truck driver/loader sustained a low back injury on 1/29/10 lifting heavy loads. The 3/10/11 lumbar MRI findings included: L1/2 to L2/3 disc bulges mildly impressing the thecal sac and mild bilateral neuroforaminal narrowing; grade 1 retrolisthesis of L3; L3/4 and L4/5 disc bulges mildly impressing the thecal sac with bilateral facet arthrosis, and moderate bilateral neuroforaminal narrowing; mild L4/5 ligamentum flavum hypertrophy; and L5/S1 broad based disc protrusion with possible annular fissure/tear, mild bilateral facet arthrosis, and mild bilateral neuroforaminal narrowing. The 1/31/13 bilateral lower extremity EMG/NCV documented bilateral chronic active L5 radiculopathy. Records indicated that the patient underwent a series of three left L3/4 and L4/5 transforaminal epidural steroid injections in mid-2012 that helped for only a few days. The 11/5/13 orthopedic report documented completion of 12 physical therapy and 6 acupuncture sessions with a reduction in pain from 10/10 to 2/10, improvement in ambulation tolerance, and no medication needed for 2 weeks. Additional physical therapy and acupuncture was recommended. The 11/11/13 initial pain management report documented grade 4/10 low back pain radiating to the left lower extremity and foot. Exam findings documented bilateral L4-S1 paraspinal muscle spasms, mild loss of lumbar flexion/extension, decreased left lower extremity flexor/extensor strength, decreased left L3-L5 dermatomal sensation, and equivocal straight leg raise. The pain management physician recommended left L3-L5/S1 diagnostic transforaminal epidural steroid injections and the Beck Depression Inventory screening evaluation. The 12/9/13 pain management report stated that the patient found physical therapy helpful in reducing pain and maintaining/improving function and wished to continue. The request for a left L3-5 transforaminal epidural steroid injection was withdrawn. The 1/10/14 appeal stated that the patient was in moderate distress with antalgic gait, slight to moderate loss of lumbar range of motion, and no change in the sensory exam. MRI

findings were consistent with radiculopathy. The pain management physician stated that the patient had epidural steroid injections 2 years ago by another physician that were temporarily helpful, but medical records indicating the approach and level were not available. The patient was in considerable persistent pain that negatively impacted function, and had failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION USING FLUOROSCOPY, QUANTITY1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain for patients who have been unresponsive to conservative treatment. In the therapeutic phase, repeat blocks should be based on documented pain reduction and functional improvement (including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks.) Guideline criteria for epidural steroid injection have not been met. Past epidural steroid injections at the same level provided only a few days of relief. The patient achieved good benefit with a combination of acupuncture and physical therapy initiated 9/23/13, and wished to continue conservative treatment. The request for a left L3/4 transforaminal epidural steroid injection using fluroscopy is not medically necessary and appropriate.

LEFT L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION USING FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain for patients who have been unresponsive to conservative treatment. In the therapeutic phase, repeat blocks should be based on documented pain reduction and functional improvement (including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks.) Guideline criteria for epidural steroid injection have not been met. Past epidural steroid injections at the same level provided only a few days of relief. The patient achieved good benefit with a combination of acupuncture and physical therapy initiated 9/23/13, and wished to continue conservative treatment. The request for a left

L4-5 transforaminal epidural steroid injection using fluoroscopy, quantity 1 is not medically necessary and appropriate.

BECK DEPRESSION SCREENING EVALUATION: Overturned

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 Official Disability Guidelines (ODG) Mental Illness & Stress, BDI Â® - II (Beck Depression Inventory-2nd edition)

Decision rationale: The California MTUS guidelines support the use of psychological evaluations for chronic pain patients. The Official Disability Guidelines specifically recommend the BDI Â® - II (Beck Depression Inventory-2nd edition) as a first-line option psychological test in the assessment of chronic pain patients. Based on the medical records provided for review the patient had a history of depression, anxiety, and insomnia. The use of this inventory tool for initial pain management evaluation is consistent with guidelines. The request for Beck Depression Inventory-screening evaluation is medically necessary and appropriate.