MAXIMUS Federal Services

Case Number:	CM13-0066674		
Date Assigned:	01/03/2014	Date of Injury:	09/12/1997
Decision Date:	05/19/2014	UR Denial Date:	12/03/2013
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 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 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 55 year-old patient sustained a low back injury from lifting a child on 9/12/1997 while employed by [redacted]. Requests under consideration include Bilateral Transforaminal Lesi At Level L4-L5 & L5-S1, Myelography, Epidurogram Iv Sedation, and Fluoroscopic Guidance And Contrast Dye Body. Conservative and interventional care has included aquatic therapy, physical therapy, medications, rest, s/p lumbar fusion with Final Determination Letter for IMR Case Number CM13-0066674 3 instrumentation at L3-4 and L4-5 on 12/6/09 and s/p bariatric surgery in 2007. The patient has undergone recent lumbar epidural steroid injections on 6/20/13 and 7/26/13. Report of 11/21/13 from the provider noted the patient with chronic low back pain radiating into her right lower extremity with pain worsening and is associated with numbness. Exam of the lumbar spine showed tenderness on palpation at lumbosacral junction, range is 20% decreased in flexion, 40% extension and 30% rotation; sensation decreased at L4-5 dermatomal in right lower extremity; muscle strength decreased with right leg extension and right foot dorsiflexion compared to left side; and negative bilateral clonus. Requests for the above bilateral transforaminal LESI with myelography, epidurogram sedation, and fluoroscopic guidance and contrast was non-certified on 12/3/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL LESI AT LEVEL L4-L5 & 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 (ESIS), Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend Epidural Steroid Injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here for bilateral lower extremity with only right sided symptoms and exam findings. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports have not demonstrated any functional improvement derived from the LESI x 2 as the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 1997 injury. Criteria for repeating the epidurals have not been met or established. The BILATERAL TRANSFORAMINAL LESI AT LEVEL L4-L5 & L5-S1 is not medically necessary and appropriate.

MYELOGRAPHY: 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 Injection (ESIs) Page(s): 46.

Decision rationale: As the Bilateral Transforaminal LESI was not medically necessary and appropriate, the concurrent procedural studies and techniques are not medically necessary and appropriate.

EPIDUROGRAM IV SEDATION: 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 rationale: As the Bilateral Transforaminal LESI was not medically necessary and appropriate, the concurrent procedural studies and techniques are not medically necessary and appropriate.

FLUROSCOPIC GUIDANCE AND CONTRAST DYE BODY: 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 rationale: As the Bilateral Transforaminal LESI was not medically necessary and appropriate, the concurrent procedural studies and techniques are not medically necessary and appropriate.