MAXIMUS Federal Services

Case Number:	CM14-0125588		
Date Assigned:	08/11/2014	Date of Injury:	03/18/2011
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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:

This is a 46-year-old male who reported an industrial injury to the back and left knee on 3/19/2011, 3 years ago, attributed to the performance of his usual and customary job tasks reported as while driving a snowplow he was struck head-on by another vehicle. The industrial claim is accepted for the left knee and lower back. The patient was documented to have had arthroscopy of the left knee with partial resection of the medial meniscus with chondroplasty in the patellofemoral and medial joint compartments. The patient complained of low back pain with radiation to the buttocks and lower extremity with dysesthesia. Lyrica was reported as not helpful. A nerve conduction study was reported to be positive for a chronic left S1 radiculopathy and chronic right L5 radiculopathy. The objective findings on examination included limited lumbar motion; positive patchy sensation changes, diminished reflexes, equivocal straight leg raise (SLR0. The diagnoses were post lumbar spine surgical syndrome L5-S1. The treatment plan included bilateral selective nerve root blocks at L5-S1 and S1-S2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Selective nerve block at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300;179-80,Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI

Decision rationale: The criteria required by the CA MTUS for the provision of a selective nerve root block or transforaminal lumbar epidural steroid injection (ESI) directed to L5-S1 was not documented by the requesting provider. The patient does not meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The patient is noted to have an nerve conduction study (NCS) of L5 and S1 radiculopathy; however, the patient is postoperative for decompression of the lumbar spine. There are no current Lee documented objective findings on examination that are cooperated by the NCS study or MRI evidence. The reported radiculopathy was not corroborated by imaging studies or physical examination. There is no impending surgical intervention. The patient is being treated for chronic low back pain attributed to an annular tear and lumbar spine degenerative disc disease (DDD). The patient is documented to of had a rehabilitation effort along with physical therapy; however, the last office visit documented no neurological deficits along a dermatomal distribution to the bilateral lower extremities and noted that the patient was improving with physical therapy and exercise. As noted that there was electrodiagnostic evidence of a chronic L5 and S1 radiculopathy; however, this was not corroborated with the objective findings on examination and the MRI studies. There is no demonstrated medical necessity for the provision of transforaminal lumbar ESI is that three levels.The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar transforaminal ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity.

The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or physical examination evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. The request for a lumbar spine TFLESI L5-S1 is not demonstrated to be medically necessary.

Bilateral Selective Nerve block at S1-S2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300;179-80,Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI

Decision rationale: The criteria required by the CA MTUS for the provision of a selective nerve root block or transforaminal lumbar ESI directed to S1-S2 was not documented by the requesting provider. The patient does not meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The patient is noted to have an NCS of L5 and S1 radiculopathy; however, the patient is postoperative for decompression of the lumbar spine. There are no current Lee documented objective findings on examination that are cooperated by the NCS study or MRI evidence. The reported radiculopathy was not corroborated by imaging studies or physical examination. There is no impending surgical intervention. The patient is being treated for chronic low back pain attributed to an annular tear and lumbar spine DDD The patient is documented to of had a rehabilitation effort along with physical therapy; however, the last office visit documented no neurological deficits along a dermatomal distribution to the bilateral lower extremities and noted that the patient was improving with physical therapy and exercise. As noted that there was electrodiagnostic evidence of a chronic L5 and S1 radiculopathy; however, this was not corroborated with the objective findings on examination and the MRI studies. There is no demonstrated medical necessity for the provision of transforaminal lumbar ESI is that three levels.The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar transforaminal ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms."

Lumbar ESIs should be performed at no more than two levels at a session.
Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or physical examination evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. The request for a lumbar spine TFLESI S2-S1 is not demonstrated to be medically necessary.