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| <b>Case Number:</b>   | CM14-0125931 |                              |            |
| <b>Date Assigned:</b> | 08/13/2014   | <b>Date of Injury:</b>       | 12/12/2010 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 07/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 55-year-old female who sustained a remote industrial injury on 12/12/10 diagnosed with lumbar/thoracic radiculopathy, cervical radiculopathy, cervical spondylosis, lumbar spondylosis, myofascial pain syndrome, sacroiliitis, olecranon bursitis, and pain in the joint involving the upper arm. Mechanism of injury occurred when the patient fell forward onto her right shoulder and right leg while on the job. The injury is also a result of repetitive motion that caused cumulative trauma of the neck, right shoulder, right arm, right elbow, low back, bilateral legs, and knees. The requests for L4-L5 Interlaminar Epidural Injection procedure for myelography and moderate sedation were non-certified at utilization review but rationales specifying why are not provided. The request for myelography, lumbosacral radiological supervision and interpretation was also non-certified at utilization review but a rationale specifying why is again not provided. The request for epidurography, radiological supervision and interpretation was non-certified at utilization review and again a rationale specifying why is not provided. The most recent progress note provided is 07/14/14. Patient complains primarily of shooting neck pain, sharp right shoulder pain, and shooting lower back pain associated with numbness in the right thigh with pain that travels down to the medial calf and great toe. The pain is rated as an 8/10 and is aggravated by physical activity while relieved with medication. Patient reports that a cervical epidural steroid injection she received on 02/20/14 reduced 30% of her neck pain but she continues to have radiating pain from the shoulder into the lateral forearm and thumb. Review of systems is positive for difficulty getting to sleep, lack of energy, hesitancy, incontinence, constipation, decreased memory, numbness, weakness in the arm/leg, anxiety, and an inability to concentrate. Physical exam findings reveal a slightly antalgic gait, decreased range of motion of the cervical spine, Spurling's elicits pain with radiation, tenderness to palpation over the back paravertebral musculature, pain with extension of the back, positive straight leg raise

bilaterally, decreased sensation in the L4-L5 on the right, and right-sided weakness of 4/5 with dorsiflexion and knee extension. Current medications include: Celebrex, Soma, Vicodin, Wellbutrin, Prilosec, Prozac, Diazepam, and Lasix. It is noted that Norco provides a 40% relief for 4 hours and allows the patient to walk 2 to 3 miles a day. The last urine drug screen ordered on 06/23/14 was consistent. The treating physician is requesting a lumbar epidural steroid injection, as the patient has persistent radicular pain despite physical therapy, medication, and other conservative treatment. Provided documents include several previous progress reports, previous utilization reviews, Qualified Medical Evaluations, operative notes, physical therapy notes, an appeal letter, a urine drug screen, and requests for authorization. The patient's previous treatments include physical therapy, a cervical epidural steroid injection, a cervical medial branch block, occipital nerve blocks, cervical facet joint injection, knee injection, and medications. Imaging studies provided include an MRI of the lumbar spine, performed on 07/03/14. The impression of this MRI reveals minimal central canal narrowing at L3-4 and L4-5 without neuroforaminal narrowing or neural compression. An X-ray of the cervical spine, performed on 01/25/12, reveals mild degenerative change, while an MRI of the cervical spine, performed on 05/06/14, reveals degenerative disc disease and degenerative retrolisthesis at C5-6 with a broad-based disk bulge and uncovertebral joint osteophyte formation creating mild central canal narrowing and moderate left-sided neuroforaminal narrowing. An MRI of the right shoulder, performed on 04/08/14, is also included and reveals a cyst within the posterior aspect of the supraspinatus musculature, moderate arthrosis and hypertrophy of the acromioclavicular joint and mild tendinosis of the subscapularis tendon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L4-L5 Interlaminar Epidural Injection Procedure for Myelography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 48.

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

**Decision rationale:** Although provided documentation highlights radicular pain, physical exam findings that support radiculopathy, imaging studies that support radiculopathy, and the patient has failed physical therapy, there is no indication that an epidural steroid injection needs to be performed for myelography. California MTUS guidelines state that fluoroscopy and contrast are recommended, so there is no need for myelography. As such, medical necessity is not supported and the request for L4-L5 Interlaminar Epidural Injection Procedure for Myelography is not medically necessary.

#### **Moderate Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Guidelines on Epidural Steroid Injections.

**Decision rationale:** Although sedation is often used to ease procedural-related anxiety associated with spinal injections, it is not required or medically necessary in all cases. Rather, spinal injections are routinely performed without the need of any sedation. According to Medicare guidelines on epidural steroid injections, "Monitored anesthesia care is recommended on rare occasions with clear documentation of the need for such sedation." In this case, there is no documentation of significant procedural-related anxiety that would suggest the need for sedation. Further, documentation highlights that the patient has previously undergone multiple spinal injections without sedation, with the most recent injection being a cervical epidural steroid injection performed on 02/20/14. For these reasons, medical necessity is not supported and the request for Moderate Sedation is not medically necessary.

**Myelography, Lumbosacral Radiological Supervision and interpretation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ESI) Page(s): 46.

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

**Decision rationale:** According to California MTUS guidelines, radiculopathy must be corroborated by imaging studies. In this case, the patient completed an MRI of the lumbar spine on 07/05/14, and this study is sufficient for a diagnosis of radiculopathy and any corresponding treatment. The use of fluoroscopic epidurography and myelography would not add any clinically significant information. Further placement of contrast in the epidural space is an expected part of performing an epidural steroid injection with fluoroscopy to verify placement and is recommended by guidelines. The request to bill for myelography and epidurography can represent an attempt to double bill for services performed under the epidural steroid injection and fluoroscopy codes. For these reasons, medical necessity cannot be supported and the request for Myelography, Lumbosacral Radiological Supervision and interpretation is not medically necessary.

**Epidurography, Radiological Supervision and Interpretation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ESI) Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** According to California MTUS guidelines, radiculopathy must be corroborated by imaging studies. In this case, the patient completed an MRI of the lumbar spine on 07/05/14, and this study is sufficient for a diagnosis of radiculopathy and any corresponding treatment. The use of fluoroscopic epidurography and myelography would not add any clinically

significant information. Further placement of contrast in the epidural space is an expected part of performing an epidural steroid injection with fluoroscopy to verify placement and is recommended by guidelines. The request to bill for myelography and epidurography can represent an attempt to double bill for services performed under the epidural steroid injection and fluoroscopy codes. For these reasons, medical necessity cannot be supported and the request for Epidurography, Radiological Supervision and Interpretation is not medically necessary.