

Case Number:	CM14-0137320		
Date Assigned:	09/05/2014	Date of Injury:	04/12/2013
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old female who reported an injury on 04/12/2013. The mechanism of injury was playing on a wheelchair several years back. The injured worker's diagnoses included status post lumbar laminectomy in 2009, lumbar radiculopathy, lumbar herniated disc disease, lumbar degenerative disc disease, and lumbar facet arthritis. The injured worker's past treatments include medications, ESI, and home exercise program. The injured worker's diagnostic testing included unofficial MRI of the lumbar spine on 01/31/2014 which revealed presence of prior L5-S1 laminectomy, disc bulge contributing to moderate left neural foraminal narrowing, bilateral facet joint arthritis, fibrosis at L5-S1 epidural space, degenerative disc at L5-S1, L4-5 shows minimal disc bulge with mild bilateral facet arthritis, L3-4 had mild facet arthritis. The injured worker's surgical history included a transforaminal epidural steroid injection at L5-S1 and S1 on 04/29/2014 which provided 50% relief. On the clinical note dated 07/14/2014, the injured worker complained of pain in her back that radiates down the left leg towards her foot. The injured worker had straight leg raise test positive on the left, minimal tenderness in the lumbar spine on palpation, left sided weakness; sensation of the left foot was +1/2 and +2/2 to the right. The injured worker's current medications were not provided. The request was for transforaminal ESI left lumbar L5-S1 and preoperative clearance. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (ESI) Left Lumbar L5-S1 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The request for Transforaminal Epidural Steroid Injection (ESI) Left Lumbar L5-S1 under Fluoroscopic Guidance is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initial unresponsiveness to conservative treatment must be documented. Injections should be performed using fluoroscopy for guidance. 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 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The injured worker's medical records lacked documentation of efficacy of the conservative treatment. The medical records did not provide a previous evaluation to compare functional improvement to. There is a lack of documentation of the previous ESIs functional improvement and timeframe of efficacy. The medical records indicated the injured worker had an epidural steroid injection to L5-S1 and S1 on 04/29/2014 which provided 50% relief; however, the medical records did not provide the timeframe of efficacy and functional improvement from the ESI. As such, the request for Transforaminal Epidural Steroid Injection (ESI) Left Lumbar L5-S1 under Fluoroscopic Guidance is not medically necessary.

Pre-op clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Preoperative Testing.

Decision rationale: The request for Pre-Op Clearance is not medically necessary. The Official Disability Guidelines state preoperative testing, like chest radiology, electrocardiography, laboratory testing, and urinalysis, is "often performed for surgical procedures." These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The medical records lacked documentation indicating the injured worker has comorbidities that indicate preoperative testing. There is a lack of documentation indicating the injured worker has diabetes; cardiac issues; pulmonary, urinary, or digestive issues that would warrant preoperative testing. Additionally, the request does not

indicate the surgical procedure the preoperative testing is ordered for. As such, the request for Pre-Op Clearance is not medically necessary.