MAXIMUS Federal Services

Case Number:	CM14-0141592		
Date Assigned:	09/10/2014	Date of Injury:	11/05/2001
Decision Date:	11/06/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopedics and is licensed to practice in Arizona. 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 61-year-old male of unknown profession sustained unknown work-related incident [of which mechanism is also unknown] on 11/5/2001 leading to present complaints of low back and mostly left leg pain. Documentation received did not include clinical documentation prior to 3/10/2014. Physician prescribed pain medication and Cymbalta and planned for a CT myelogram followed by request for lumbar epidural steroid injection [ESI transforaminal approach L5-S1]. He presently [3/10/2014] complains of low back pain [varied from 6/10 - 7.5/10] and bilateral, especially left-sided, leg pain. He also at different occasions complained of bowel and bladder incontinence [no detail available]. Physical examination [7/21/2014] revealed an antalgic gait and he walked stooped over, using a cane. Mild tenderness was present over area of left greater trochanter. Lumbar range of motion [ROM] was limited and accompanied by pain. Neurological assessment of the lower extremities revealed decreased pinprick sensation over calf area [side not specified]. At times sensation assessment was normal. Motor findings were not documented at this time. Left straight leg raise [SLR] was reported as positive. Deep tendon reflexes [DTR's] showed patellar reflex 1+ and ankle reflex absent [side was not specified]. At times DTR's were not documented. Treatment documentation since day of injury [DOI] was very scanty. The only documentation I received concentrated mostly on drugs [Morphine sulfate Contin, Cymbalta and Ibuprofen. Reported that it helps some]. Diagnostic studies consisted only of computerized tomography [CT] myelogram done on 7/15/2014. I did not receive the radiological report except a summary from the provider stating effacement of CSF around L5 S1 nerve root, secondary disc protrusion [? L5-S1] and left facet arthropathy [? L5-S1] resulting in moderate to severe neuro-foraminal stenosis. Diagnosis was documented as 'likely' L5 & S1 radiculopathy and refractory left lumbar radiculopathy. Recommendation[s] is lumbar ESI at left L5-S1 64483 times 2, 64493 times 2, and 72275, 76000. Work status was given as disabled. Issue denied: Is lumbar ESI at

left L5-S1 [64483] times 2, [64493] times 2, 72275 and 76000 medically necessary? UR denial date was 8/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, LEFT 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 Chronic Pain Treatment Guidelines Page(s): 46/127[p 80/611]. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, ESI therapeutic / Fluoroscopy American Medical Association Guides to the Evaluation of Permanent Impairment [Fifth Edition Dec 15, 2000, pgs. 382-383]

Decision rationale: The American Medical Association Guides to the Evaluation of Permanent Impairment [Fifth Edition Dec 15, 2000, pgs. 382-383] notes the definition of radiculopathy as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness and paresthesias. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence as described above. In absence of nerve conduction studies and an un-impressive CT myelogram as well as scanty clinical documentation I would not support ESI in this patient at this time [as outlined].MTUS recommends epidural steroid injections [ESI] as a treatment option depending on certain definitive criteria. First, radiculopathy must be documented by physical examination and confirmed by imaging studies and/or electro diagnostic testing. Clinical findings of radiculopathy include at least the following assessment[s]:1. Nerve compression signs [e.g. motor and sensory function & deep tendon reflexes]2. Nerve tension sins [e.g. straight leg raise] According to the most recent assessment [7/21/2014] motor power was not documented and sensory examination revealed decreased pinprick sensation over calf area but the anatomical side affected was not specified. Secondly, no mention of basic conservative care modalities e.g. exercises, physical methods, NSAIDs and muscle relaxants [except NSAID's] were mentioned in the documentation I received. MTUS further advises that 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. Approval for follow-up injections should only be given after response, as discussed above, is known. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. ODG [Official Disability Guidelines] also supports the criteria principles outlined above. ODG also emphasizes that radiculopathy be corroborated by imaging studies and/or electro diagnostic testing [previously discussed]. Fluoroscopic guidance [not mentioned in request] with use of contrast is recommended for all approaches [therapeutic & diagnostic], as needle misplacement may be a cause of treatment

failure. Therefore, based on the guidelines mentioned above not having been met and review of the clinical documentation provided, the request is not medically necessary.