

Case Number:	CM14-0171418		
Date Assigned:	10/23/2014	Date of Injury:	03/07/2011
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 Management and is licensed to practice in Tennessee. 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 33-year-old female with a 3/7/11 date of injury, when she slipped and fell and sustained injuries to the lower back. The patient underwent L4-L5 lumbar fusion in 10/11 and on 9/9/13. The radiographs of the lumbar spine dated 10/17/13 (the radiology report was not available for the review) revealed satisfactory posterior fusion of the L4-L5 vertebral bodies. The patient was seen on 6/7/14 with complaints of 9/10 lower back pain described as dull, burning and intermittent, radiating into the left leg with numbness. Exam findings revealed paralumbar spasm and tenderness to palpation, positive straight leg raising test at 40 degrees on the left and limited range of motion of the lumbar spine due to pain. The sensation to light touch was decreased in the left lateral thigh and motor strength was 5/5 in all muscle groups in the bilateral lower extremities. The patient was seen on 8/19/14 with complaints of persistent 5/10 lower back pain. Exam findings of the lumbar spine revealed flexion limited to 50 degrees, extension, and right and left lateral bending 25 degrees. The note stated that lumbar CT scan (undated, the radiology report was not available for the review) was reviewed at the visit and showed a bony bridge at the fusion site at L4-L5. The diagnosis is postlaminectomy syndrome of the lumbar region, lumbar radiculopathy, lumbar disc displacement and depression with anxiety. Treatment to date: lumbar fusions, physical therapy, work restrictions, spinal cord stimulator, ice/heat, Fentanyl patch and medications. An adverse determination was received on 10/2/14 for lack of diagnostic imaging studies and lack of indications for the use of monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 transforaminal steroid injection,: Upheld

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

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is a lack of imaging studies documenting correlating concordant nerve root compromise. Therefore, the request for Left L4 transforaminal steroid injection was not medically necessary.

Left L5 transforaminal steroid injection: Upheld

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

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is a lack of imaging studies documenting correlating concordant nerve root compromise. Therefore, the request for Left L5 transforaminal steroid injection was not medically necessary.

monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 8/22/14)- Epidural Steroid Injections (ESIS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic blocks (injections)

Decision rationale: CA MTUS does not address this issue. ODG states that the use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a

diagnostic block, and should only be given in cases of extreme anxiety. However, there is a lack of documentation indicating that the patient suffered from extreme anxiety and needed anesthesia care for the procedure. The associated procedure was deemed not medically necessary. Therefore, the request for monitored anesthesia care was not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pub/10319985>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature ('Epidurography/Epiduroscopy in Pain Management').

Decision rationale: CA MTUS and ODG do not address this issue. Lumbar epidurography serves as an adjunct in evaluating patients with equivocal myelograms. It is indicated in management of radiculopathy, failed response to epidural steroids, post laminectomy-failed syndrome, post surgical irritation lasting longer than 3 weeks, failed back after conservative therapy and patients with pacemaker where MRI is contraindicated. Epidurography is used as a confirmative test for epidural placement of catheter, drugs and as a preliminary procedure before epiduroscopy. However, there is no clear indication for epidurography with lumbar ESI. The associated procedure was deemed not medically necessary. Therefore, the request for Epidurography was not medically necessary.