

Case Number:	CM14-0178677		
Date Assigned:	11/03/2014	Date of Injury:	12/26/2006
Decision Date:	12/30/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/28/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 46 year old male with an injury date of 12/26/06. Based on the 09/25/14 progress report provided by treating physician, the patient complains of low back pain that radiates to his right leg into the dorsum of right foot, and right sided neck pain that radiates to the right forearm and hand. The right fingers twitch spontaneously and patient has difficulty with grip and holding. Physical examination to the cervical spine revealed tenderness to palpation to the right trapezius and chest. Range of motion was normal. Neurologic exam findings revealed decreased sensation in the right biceps, right forearm and right first dorsal web space of the right hand. Examination of the lumbar spine revealed no tenderness and normal range of motion. Sensory examination to the lumbar spine on 11/24/14 revealed light touch was decreased over the L4 and L5 lower extremity dermatomes on the right. Per treater report dated 11/24/14, patient had lumbar ESI L5-S1 10/07/09, and lumbar fusion, decompression, laminectomy L4-L5 right 03/19/13. Patient's medications include Pristiq, Percocet, Lyrica, Trazodone, Colace and Flexeril. Patient is permanent and stationary. Per progress report dated 09/25/14, treater is requesting MRI of the cervical spine due to progressively worsening symptoms and motor deficits on exam, and Medrol dose pak to help with acute inflammation. Diagnosis 09/25/14- cervical radiculitis- spinal stenosis cervical region Diagnosis 11/24/14- lumbar radiculopathy- post lumbar laminectomy syndrome- low back pain- EMG revealed chronic right L5 radiculopathy and resolved right S1 radiculopathy The utilization review determination being challenged is dated 10/04/14. Treatment reports were provided from 08/17/10 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sided L4-L5 Transforaminal Lumbar Epidural Steroid Injection: 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 Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic

Decision rationale: The patient presents with low back pain that radiates to his right leg into the dorsum of right foot. The request is for Right Sided L4-L5 Transforaminal Lumbar Epidural Steroid Injection. Patient's diagnosis dated 11/24/14 included lumbar radiculopathy and post lumbar laminectomy syndrome. Sensory examination to the lumbar spine on 11/24/14 revealed light touch was decreased over the L4 and L5 lower extremity dermatomes on the right. Per treater report dated 11/24/14, patient had lumbar ESI L5-S1 10/07/09, and lumbar fusion, decompression, laminectomy L4-L5 right 03/19/13. Patient's medications include Pristiq, Percocet, Lyrica, Trazodone, Colace and Flexeril. MTUS Guidelines, pages 46-47, Chronic Pain Medical Treatment Guidelines: Epidural steroid injections (ESIs): "Criteria for the use of Epidural steroid injections: 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003)"ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)"Treater has not provided reason for the request. Provider has documented radicular symptoms supported by sensory deficit findings on physical examination for L4-L5, and corroborated with EMG study revealing chronic right L5 radiculopathy. However, patient has had ESI L5-S1 10/07/09, and no discussion is provided with regards to outcomes and benefits, as required by MTUS. Furthermore, patient is status post lumbar fusion, decompression, laminectomy L4-L5 right 03/19/13, and ODG does not recommend postoperative lumbar ESI. The request does not meet guideline indications. Recommendation is for denial.

1 MRI Cervical Spine without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for ordering Imaging Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient present with right sided neck pain that radiates to the right forearm and hand. The request is for 1 MRI cervical spine without contrast. Patient's diagnosis dated 09/25/14 included cervical radiculitis and cervical spinal stenosis. Patient's medications include Pristiq, Percocet, Lyrica, Trazodone, Colace and Flexeril. ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: " Not recommended except for indications list below. Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit "UR letter dated 10/04/14 states, "no indication in the documentation of progressed symptoms..." Per progress report dated 09/25/14, treater is requesting MRI of the cervical spine due to progressively worsening symptoms and motor deficits on exam. Per progress report dated 09/25/14, patient's right fingers twitch spontaneously and patient has difficulty with grip and holding. Physical examination to the cervical spine on 09/25/14 revealed tenderness to palpation to the right trapezius and chest. Range of motion was normal. Neurologic exam findings revealed decreased sensation in the right biceps, right forearm and right first dorsal web space of the right hand. No MRI was found in review of medical records. The patient presents with radiating symptoms of the neck, which is a neurologic symptom indicated by ODG guidelines. Recommendation is for authorization.

4 View X-Ray of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient present with right sided neck pain that radiates to the right forearm and hand. The request is for 4 View X-Ray of the Cervical Spine. Patient's diagnosis dated 11/24/14 included lumbar radiculopathy and post lumbar laminectomy syndrome. Sensory examination to the lumbar spine on 11/24/14 revealed light touch was decreased over the L4 and L5 lower extremity dermatomes on the right. Per treater report dated 11/24/14, patient had lumbar ESI L5-S1 10/07/09, and lumbar fusion, decompression, laminectomy L4-L5 right 03/19/13. Patient's medications include Pristiq, Percocet, Lyrica, Trazodone, Colace and Flexeril. ACOEM guidelines on special studies for C-spine Chapter 8 (p177, 178) states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001) - Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure."Treater has not provided reason for the request. In review of medical records, treater has not documented suspicion of potentially serious underlying conditions like fracture or neurologic deficit, cancer, infection or tumor. The request does not meet guideline indication. Recommendation is for denial.

Unknown Prescription of Medrol Dose (Pak): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The patient presents with low back pain that radiates to his right leg into the dorsum of right foot. The request is for Unknown Prescription of Medrol Dose (Pak). Patient's diagnosis dated 11/24/14 included lumbar radiculopathy and post lumbar laminectomy syndrome. Sensory examination to the lumbar spine on 11/24/14 revealed light touch was decreased over the L4 and L5 lower extremity dermatomes on the right. Per treater report dated 11/24/14, patient had lumbar ESI L5-S1 10/07/09, and lumbar fusion, decompression, laminectomy L4-L5 right 03/19/13. Patient's medications include Pristiq, Percocet, Lyrica, Trazodone, Colace and Flexeril. ODG-TWC: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Corticosteroids (oral/parenteral/IM for low back pain): Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of Corticosteroids (oral/parenteral for low back pain):(1) Patients should have clear-cut signs and symptoms of radiculopathy;(2) Risks of steroids should be discussed with the patient and documented in the record;(3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record;(4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury." Per progress report dated 09/25/14, treater is requesting "Medrol dose pack to help with acute inflammation." Provider has documented radicular symptoms supported by sensory deficit findings on physical examination for L4-L5, and corroborated with EMG study revealing chronic right L5 radiculopathy. However, patient does not present with ACUTE radicular pain, as indicated by ODG, and guidelines do not recommend corticosteroids for chronic pain. Recommendation is for denial.