

Case Number:	CM14-0026113		
Date Assigned:	06/25/2014	Date of Injury:	08/31/2011
Decision Date:	07/25/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 36-year-old male who was injured on August 31, 2011. The patient continued to experience pain in his back with pain to his right lower extremity. Physical examination was notable for right lumbar muscle spasm and decreased range of motion. Diagnoses included lumbar disc displacement without myelopathy and post laminectomy syndrome. Treatment included laminectomy, epidural steroid injection, and medications. The patient received the epidural spinal injection on December 12, 2013 and achieved 30% relief. Requests for authorization for right transforaminal epidural steroid injection, lumbar myelography, lumbar epidurogram, and fluoroscopic guidance and IV sedation were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TRANSFORAMINAL LESI: 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 Pain Interventions and Guidelines Page(s): 46.

Decision rationale: The Epidural Steroid Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of

radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. 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. There is little information on improved function. 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. In this case the patient achieved 30% relief, which is less than the 50% relief stated in the criteria. Criteria have not been met for the procedure. The request should not be authorized.

LUMBAR MYELOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, <Myelography.

Decision rationale: Lumbar myelography is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia, b. Technical issues, e.g., patient size, c. Safety reasons, e.g., pacemaker, and d. surgical hardware. In this case the myelography was being utilized to more clearly delineate the anatomy of the spinal column to perform the epidural steroid injection. The epidural steroid injection is not recommended. Lumbar myelography is, therefore, not recommended. The request should not be authorized.

LUMBAR EPIDUROGRAM: Upheld

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

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

Decision rationale: Epidurogram is used to assess the structure of the epidural space in the spine by injecting contrast dye under fluoroscopic guidance. The epidurogram is performed as a step in the injection of epidural steroids. The epidural steroid injection is not recommended. The epidurogram is, therefore, not recommended. The request should not be authorized.

IV SEDATION: Upheld

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

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

Decision rationale: IV sedation was being requested for the epidural steroid injection. The epidural steroid injection is not recommended. IV sedation is, therefore, not recommended. The request should not be authorized.

FLUOROSCOPIC GUIDANCE: Upheld

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

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

Decision rationale: The epidural steroid injection was requested with fluoroscopic guidance. The epidural steroid injection is not recommended. Fluoroscopic guidance is, therefore, not recommended. The request should not be authorized.