

Case Number:	CM14-0038386		
Date Assigned:	06/25/2014	Date of Injury:	06/28/2011
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of June 28, 2011. A utilization review determination dated March 4, 2014 recommends non-certification of a bilateral L5-S1 transforaminal epidural steroid injection with fluoroscopy guidance, lumbar myelography, IV sedation, and fluoroscopy guidance. A progress note dated February 20, 2014 identifies subjective complaints of bilateral knee pain. Physical examination of the lumbar spine identifies tenderness to palpation of the right lumbosacral junction with associated muscle tension, positive pain with axial loading of the facet joints, intact sensation to light touch of bilateral lower extremities, five out of five motor strength of bilateral lower extremities, 2+ deep tendon reflexes of patella and Achilles, and negative clonus bilaterally. The patient's current medications include protonix 20 mg once daily, diclofenac 1.5% three times daily, glucosamine sulfate 500 mg one every eight hours, naproxen 550 mg twice daily, and Norco 10/325 when every 4 to 6 hours. Diagnoses include lumbar disc displacement without myelopathy, sciatica, pain in joints of lower leg, and disorders of the sacrum. The treatment plan recommends a lumbar epidural injection due to the patient's continued significant back pain with radiation into both lower extremities with associated numbness and tingling. An MRI of the lumbar spine dated February 24, 2012 identifies marked degenerative spondylosis at L5 - S1 with motion segment instability, a 3 mm broad-based protrusion and disc height narrowing contributing to moderate to moderately severe foraminal narrowing, and at L4-L5 slight retrolisthesis with annular bulge, 3 mm protrusion, subarticular/gutter crowding on the right and inflammation across the degenerated left facet joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection with fluoroscopic guidance to L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, 309, 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 rationale: Regarding the request for a bilateral transforaminal lumbar epidural injection at L5-S1 with fluoroscopic guidance, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drug (NSAIDs) and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are subjective radicular complaints that are not specific to a particular dermatome and there are no objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested bilateral transforaminal lumbar epidural injection at L5-S1 with fluoroscopic guidance is not medically necessary.

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, low back chapter, myelography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for a lumbar myelography, MTUS states that myelography is optional for preoperative planning if MRI is unavailable. Official Disability Guidelines state that myelography is not recommended except for selected indications, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. 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. Within the documentation available for review, there is no indication that the patient is in need of lumbar imaging and that and MRI

cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. In light of the above issues, the currently requested lumbar myelography is not medically necessary.

Intravenous sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for IV sedation, CA MTUS is silent regarding anesthesia/sedation. Furthermore, the IV sedation was requested to be used in conjunction with the bilateral transforaminal lumbar epidural injection at L5-S1 with fluoroscopic guidance, which was deemed medically unnecessary. As such, the currently requested IV sedation is not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Fluoroscopy.

Decision rationale: Regarding the request fluoroscopic guidance, Official Disability Guidelines state that fluoroscopy is recommended when performing epidural steroid injections. The guidelines state that fluoroscopy is considered important when guiding a needle into the epidural space. Given that the requested bilateral transforaminal lumbar epidural injection at L5-S1 with fluoroscopic guidance was deemed medically unnecessary, the requested fluoroscopic guidance is also not medically necessary.