MAXIMUS Federal Services

Case Number:	CM14-0055655		
Date Assigned:	07/28/2014	Date of Injury:	11/22/1996
Decision Date:	10/06/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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 Interventional Medicine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 49-year-old female with date of injury of 11/22/1996. The listed diagnoses per [redacted] dated 03/26/2014 are: 1. Spinal stenosis of the lumbar region, neurogenic claudication. 2. Other and unspecified disk disorder of the lumbar region. 3. Displacement of the lumbar intervertebral disk without myelopathy. 4. Pain in the joint, shoulder region. 5. Causalgia of the upper limb. According to this report, the patient complains of low back and leg pain. She describes her pain as sharp, aching, and shooting. Frequency of pain is constant. On a scale of 0 to 10, the patient rates her pain 9/10. With opioid medication, the patient notes that her sitting, standing, and walking tolerance improved by 50%. The examination shows the patient's gait is antalgic. No spasm is present in the lumbar paravertebral region. Tenderness noted in the right and left lumbar paravertebral regions at L3-L4, L4-L5, and L5-S1 levels. Range of motion in the lumbar spine is restricted. Straight leg raise test is positive producing bilateral groin pain, 60 degrees on the right side and 60 degrees on the left. Motor strength is 5/5 in both lower extremities. Reflexes are 2+ and equal in the right and left lower extremities. Babinski's is down going. The utilization review denied the request on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat transforaminal epidural steroid injection bilateral L3-L4: 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 chronic pain section: Epidural steroid injections: Page(s): 46,47.

Decision rationale: This patient presents with lower back and leg pain. The treater is requesting a repeat transforaminal epidural steroid injection at L3-L4. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 46 and 47 on epidural steroid injection recommend this option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in a magnetic resonance imaging (MRI). 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 6 to 8 weeks. The treater references on his 03/26/2014 report, an MRI dated 12/30/2011 that showed narrowing of the disk height at L3-L4. The appearance of the lateral recess stenosis and compromise of descending L4 nerve root appears to be present. There is bilateral foraminal stenosis with progressive loss of epidural fat planes, but the exiting L3 nerve roots are not directly compressed. This MRI report was not made available for review. The records also show that the patient underwent an epidural steroid injection at L3-L4 on 03/01/2013 that resulted in greater than 50% pain relief for a period exceeding 8 weeks. Her medications were refilled without changes. In this case, while the patient's previous epidural steroid injection (ESI) produced 50% pain relief for 8 weeks, there is no documentation of medication reduction, and functional improvement as required by California MTUS. The treater does not document dermatomal distribution of leg symptoms either to correlate the patient's symptoms to the findings on MRI. Treatment is not medically necessary and appropriate.

Minimally invasive lumbar laminectomy and decompression at L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery-Discectomy/Laminectomy, AMA Guides, 5th Edition, pages 382-383.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Laminectomy/ laminotomy

Decision rationale: This patient presents with lower back and leg pain. The treater is requesting minimally invasive lumbar laminectomy and decompression at L3-L4 and L4-L5. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address this request. However, Official Disability Guidelines (ODG) Guidelines on laminectomy/laminotomy states that it is recommended for patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at

2 years of followup. Also, laminectomy may be used for spinal stenosis secondary to degenerative processes exhibiting ligamental hypertrophy, facet hypertrophy, and disk protrusion, in addition to anatomical derangements of the spinal column such as tumor trauma, et cetera. ODG further states, decompressive surgery (laminectomy) is more effective for lumbar spinal stenosis than land-based exercise, but given the risks of surgery, a self-management program with exercise prior to consideration of surgery is also supported. The 12/30/2011 MRI showed lateral recess stenosis and compromised descending L4 nerve root. The L4-L5 level show progressive central stenosis, marked compromise of the thecal sac and cord as well as lateral recesses in descending L5 nerve roots. There is minimal compression of the right L4 nerve root, but no compression of the L4 nerve root. In this case, the patient continues to experience leg symptoms and MRI's show significant stenosis with nerve root compromise, at least at L3-4 level. The patient appears to have had at least subjective response to ESI as well. The proposed surgical intervention appears reasonable and supported by the guidelines. Recommendation is medically necessary and appropriate.