

Case Number:	CM14-0062989		
Date Assigned:	08/08/2014	Date of Injury:	08/31/2011
Decision Date:	12/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 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:

This is a male patient with the date of injury of August 31, 2011. A utilization review determination dated March 4, 2014 recommends non-certification of a transforminal LESI at L5-S1, lumbar myelogram, lumbar epidurogram, IV sedation, fluoroscopic guidance, and contrast dye. A progress note dated January 14, 2014 identifies subjective complaints of continued back pain and radicular pain to the right lower extremity. The patient states that an epidural steroid injection performed on December 10, 2013 provided him with approximately 30% pain relief. The physical examination reveals a well healed surgical scar at the lower part of the lumbar spine, muscle spasm is present in the upper part of the lumbar spine on the right, palpation of the area is painful, and flexion is limited to 45. The diagnoses include lumbar disc displacement without myelopathy and post-laminectomy syndrome of the lumbar spine. The treatment plan recommends a right transforminal LESI at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, and contrast dye. The treatment plan also recommends Capsaicin cream #2, Nabumetone 500 mg #90, hydrocodone/APAP 10-325 mg #90, gabapentin 600 mg #60, and Protonix 20 mg #60. A letter of appeal for the denial of the right transforminal lumbar ESI at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, and contrast dye dated February 21, 2014 makes reference to the physical examination performed on the December 17, 2013 visit. The physical examination revealed that the deep reflexes were 1+ and equal at the patella and Achilles, sensations were decreased to light touch in the L5-S1 dermatomal distribution at the right lower extremity, and motor strength was 5 out of 5 at bilateral lower extremities. There is also mention that since the patient received the lumbar epidural steroid injection on December 10, 2013 his use of Norco changed from three tablets daily to as needed. An MRI of the lumbar spine dated August 23, 2013 reveals at L5-S1 post surgical findings of a right hemilaminectomy with mild to moderate thecal sac effacement

and enhancing scar tissue and nerve roots and type I marrow endplate changes. There is a 4-5 mm right paracentral to foraminal disc herniation with high intensity zone/annular fissure that may represent postoperative granulation tissue with enhancement. The disc herniation posteriorly displaces and abuts the traversing right S1 nerve root in the lateral recess. At L4-L5 there is a 3 mm left foraminal disk osteophyte complex with moderate left neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal LESI at L5-S1: 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 OF 127.

Decision rationale: Regarding the request for a transforminal LESI at L5-S1, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 is no documentation stating that the patient had over 50% improvement with the previous epidural steroid injection. Additionally, there is no documentation of functional improvement. In the absence of such documentation, the currently requested transforminal LESI at L5-S1 is not medically necessary.

Lumbar Myelograph: Upheld

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

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 X Official Disability Guidelines (ODG) Low Back, Myelography

Decision rationale: Regarding the request for a lumbar myelograph, California Medical Treatment Utilization Schedule (MTUS) states that myelography is optional for preoperative planning if magnetic resonance imaging (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 an MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, there is no indication that the patients status has changed since his most recent MRI of the lumbar spine dated August 23, 2013. In light of the above issues, the currently requested lumbar myelograph is not medically necessary.

Lumbar Epidurogram: 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 OF 127.

Decision rationale: Regarding the request for lumbar epidurogram to be used in conjunction with the request for a transforaminal LESI at L5-S1, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 is no documentation stating that the patient had over 50% improvement with the previous epidural steroid injection. Additionally, there is no documentation of functional improvement. Given that the requested transforaminal LESI at L5-S1 with fluoroscopic guidance was deemed medically unnecessary, the requested lumbar epidurogram is also not medically necessary.

IV 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 OF 127.

Decision rationale: Regarding the request for IV sedation to be used in conjunction with the request for a transforaminal LESI at L5-S1, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 is no documentation stating that the patient had over 50% improvement with the previous epidural steroid injection. Additionally, there is no documentation of functional improvement. Given that the requested transforaminal LESI at L5-S1 with fluoroscopic guidance was deemed medically unnecessary, the requested IV sedation is also 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 for 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 transforaminal LESI at L5-S1 with fluoroscopic guidance was deemed medically unnecessary, the requested fluoroscopic guidance is also not medically necessary.

Contrast Dye: 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 of 127.

Decision rationale: Regarding the request for contrast dye to be used in conjunction with the request for a transforaminal LESI at L5-S1, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 is no documentation stating that the patient had over 50% improvement with the previous epidural steroid injection. Additionally, there is no documentation of functional improvement. Given that the requested

transforaminal LESI at L5-S1 with fluoroscopic guidance was deemed medically unnecessary, the requested contrast dye is also not medically necessary.