

Case Number:	CM14-0084511		
Date Assigned:	07/21/2014	Date of Injury:	07/03/2013
Decision Date:	09/30/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old female who has submitted a claim for lumbar discogenic myofascial pain, disc protrusion at L4-L5 and L5-S1 and right lumbar radicular syndrome with possible radiculopathy associated with an industrial injury date of July 3, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant 3/10 pain with standing, squatting, sitting for a period of time. Moving, changing, using medication helps with the pain. Examination of the lumbar spine revealed restricted range of motion (ROMs), absence of tenderness, positive straight leg raising on the right, normal motor strength of the left extremity (LE), decreased right knee jerk and decreased light touch sensation over the anterior thigh and lateral leg on the right side (L4-L5 distribution). Treatment to date has included surgery, medications, acupuncture and physical therapy. Patient was told to be improving from the different treatments but improvement was slower than expected. Patient also had prior epidural cortisone injection that resulted in at least 60-70% improvement. Nerve conduction studies performed on 1/23/2014 no evidence of mononeuropathy or lumbosacral radiculopathy. Utilization review from May 9, 2014 denied the request for outpatient epidural steroid injection (ESI) L4 - L5, L5 - S1 transforaminal steroid injection and second opinion, ortho spine consult. The request for ESI was denied because there was no objective documentation of radicular pain on the physical exam and the EMG dated 1/23/14 showed no evidence of radiculopathy. The request for ortho consult was denied because there was insufficient information of significant objective deficits on the physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Steroid Injection (ESI) L4 - L5, L5 - S1 Transforaminal Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient had signs and symptoms suggestive of a radiculopathy including a positive straight leg raise test, decreased sensation in the lower extremities, and depressed DTRs in the lower extremities. Electrodiagnostic studies conducted a few months' prior revealed normal results. Progress notes report improvement with conservative therapy but slower than expected. In fact, the patient was still advised physical therapy along with the prescription for this LESI. A prior LESI done provided around 60-70% relief. As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. The duration of pain relief was not documented in the progress notes. This, along with normal electrodiagnostic studies and response to conservative therapy makes the request for outpatient epidural steroid injection (ESI) L4 - L5, L5 - S1 transforaminal steroid injection not medically necessary.

Second Opinion, Ortho Spine Consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was referred for a second opinion from an orthopedic surgeon after the reviewing physician found no evidence of radiculopathy from the physical examination (PE) and electromyography (EMG). The progress note dated June 30, 2014, on the other hand provided evidence of a possible radiculopathy such as positive straight leg raise test, decreased sensation in the lower extremities

in a dermatomal distribution and depressed lower extremity deep tendon reflex (DTRs). However, there is insufficient information concerning the observations and recommendations of the orthopedic surgeon who saw the patient first based from the given records. The request also did not mention the rationale for the second opinion. Therefore, the request for second opinion, ortho spine consult is not medically necessary.