MAXIMUS Federal Services

Case Number:	CM14-0095507		
Date Assigned:	07/25/2014	Date of Injury:	05/20/2010
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehab 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 patient is a 60 year old male with date of injury 5/20/10. The treating physician report dated 3/17/14 states that the patient presents with continued back, left leg and left foot pain that is still severe. The treating physician goes on to state that the lumbar epidural steroid injections (ESI) have helped relieve a large percentage of his pain and he is dramatically impressed and pleased with the improvement (80%). Review of the records provided show that the patient received lumbar ESI injections on 2/26/14, 3/5/14 and 3/12/14. The current diagnoses are: 1. Discogenic syndrome Lumbar. 2. Lumbar nerve root injury. 3. Reflex sympathetic dystrophy. 4. Restless leg syndrome. The utilization review report dated 5/30/14 denied the request for lumbar ESI, MRA of iliac artery and lower extremity and modified the request for lumbar sympathetic injection L2,3,4,5 (x3) to certification for 1 injection based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sympathetic Injections at L2, L3, L4, L5, series of three (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbarsympathetic block) Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (http:// www.odg-twc.com/odgtwc/pain.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block, & Lumbar Sympathetic Block) Page(s): 36, 37, 39, 40, 103, 104.

Decision rationale: The patient presents with chronic lumbar pain, leg pain and foot pain with diagnosis of discogenic back pain and reflex sympathetic dystrophy. The current request is for Lumbar Sympathetic Injections at L2, L3, L4, L5, series of three (3). The treating physician report dated 3/17/14 was performed 5 days following the patient's 3rd lumbar ESI that were all received within 4 weeks of each other. The treater states, His 3 ESI have been approved and given. He is very much better after the first 3 injections, and has been able to reduce the Neurontin because of the reduced pain. He has less problem with restless legs and less problems with cramps. He should get another 3 sympathetic blocks to continue the improvement. The MTUS guidelines state, There is limited evidence to support this procedure, with most studies reported being case studies. In this case the treating physician states he performed 3 lumbar ESIs and wants to do another 3 sympathetic blocks. There is no explanation as to why 3 ESIs were performed if previously 3 sympathetic blocks were authorized. In this request the MTUS guidelines do not support repeat lumbar sympathetic injections and the UR physician authorized one injection on 5/30/14. Therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The patient presents with chronic lumbar pain, leg pain and foot pain with diagnosis of discogenic back pain and reflex sympathetic dystrophy. The current request is for lumbar epidural steroid injection. The treating physician report dated 3/17/14 was performed 5 days following the patient's 3rd lumbar ESI that were all received within 4 weeks of each other. The treater states, The patient presents to the office today complaining of continued back, leg, and foot pain, that is still severe. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case the treater stated that following 3 lumbar ESIs the patient still has severe pain. The report states that sympathetic blocks in the past have provided 78-95% relief. The treater in this case has not provided any MRI findings to corroborate radiculopathy and MTUS requires objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks for repeat injections. In this case there were no documented improvements to warrant lumbar ESI. Therefore, the request is not medically necessary.

MRA (Magnetic Resonance Angiogram) Iliac artery: 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), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter, (http:// www.odg-twc.com/odgtwc/knee.htm).

Decision rationale: The patient presents with chronic lumbar pain, leg pain and foot pain with diagnosis of discogenic back pain and reflex sympathetic dystrophy. The current request is for MRA(Magnetic Resonance Angiogram) Iliac artery. The treating physician reports dated 3/17/14 and 6/9/14 both states that the procedure planned for next visit is MRA iliac artery and lower extremities. There is no rationale provided to support the medical necessity for this request. The MTUS Guidelines do not address MRA scans. The ODG guidelines only support MRA for closed head injury, rule out carotid or vertebral artery dissection. There is no support found in MTUS, ODG or AETNA guidelines. The patient was previously examined for vasculopathy by a prior treating physician and the examination was unremarkable. There are no red flags noted in the reports reviewed to indicate claudication, vasculopathy, dependent rubor, venous insufficiency, delayed capillary refill, etc. Therefore, the request is not medically necessary.

MRA (Magnetic Resonance Angiogram) of the left lower extremity: 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); Knee and Leg Chapter,(http:// www.odg-twc.com/odgtwc/knee.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head chapter.

Decision rationale: The patient presents with chronic lumbar pain, leg pain and foot pain with diagnosis of discogenic back pain and reflex sympathetic dystrophy. The current request is for MRA(Magnetic Resonance Angiogram) of the left lower extremity. The treating physician reports dated 3/17/14 and 6/9/14 both states that the procedure planned for next visit is MRA iliac artery and lower extremities. There is no rationale provided to support the medical necessity for this request. The MTUS Guidelines do not address MRA scans. The ODG guidelines only support MRA for closed head injury, rule out carotid or vertebral artery dissection. There is no support found in MTUS, ODG or AETNA guidelines. The patient was previously examined for vasculopathy by a prior treating physician and the examination was unremarkable. There are no red flags noted in the reports reviewed to indicate claudication, vasculopathy, dependent rubor, venous insufficiency, delayed capillary refill, etc. Therefore, the request is not medically necessary.

MRA (Magnetic Resonance Angiogram) of the right lower extremity: 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); Knee and Leg Chapter, (http:// www.odg-twc.com/odgtwc/knee.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head chapter.

Decision rationale: The patient presents with chronic lumbar pain, leg pain and foot pain with diagnosis of discogenic back pain and reflex sympathetic dystrophy. The current request is for MRA (Magnetic Resonance Angiogram) of the right lower extremity. The treating physician reports dated 3/17/14 and 6/9/14 both states that the procedure planned for next visit is MRA iliac artery and lower extremities. There is no rationale provided to support the medical necessity for this request. The MTUS Guidelines do not address MRA scans. The ODG guidelines only support MRA for closed head injury, rule out carotid or vertebral artery dissection. There is no support found in MTUS, ODG or AETNA guidelines. The patient was previously examined for vasculopathy by a prior treating physician and the examination was unremarkable. There are no red flags noted in the reports reviewed to indicate claudication, vasculopathy, dependent rubor, venous insufficiency, delayed capillary refill, etc. Therefore, the request is not medically necessary.