

Case Number:	CM14-0188081		
Date Assigned:	11/18/2014	Date of Injury:	12/19/2012
Decision Date:	01/07/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 59-year-old male who reported an injury on 12/19/2012. The mechanism of injury was heavy lifting. His diagnoses include lumbar spine strain/sprain and lumbosacral radiculopathy. His past treatments include a bilateral transforaminal epidural steroid injection to the L5-S1 level on 09/09/2014, a Toradol injection on 09/26/2014, physical therapy, and medications. His diagnostic studies include an MRI of the lumbar spine performed on 03/01/2013, which revealed a small central broad based disc protrusion with focal central annular tear at L4-5, as well as mild to moderate neural foraminal narrowing. He was also noted to have L5-S1 severe bilateral neural foraminal stenosis, degenerative disc disease, and mild facet arthropathy, with compression of the exiting L5 nerve roots. His surgical history was not provided. On 09/26/2014, the patient presented with low back pain that radiated down into the right lower extremity and both feet, associated with intermittent numbness and tingling. He also reported increased pain with activity and severe sleep difficulty. He rated his pain 7/10 with medications and 9/10 without medications. The objective findings revealed no gross abnormality of the lumbar spine; tenderness to palpation of the spinal vertebral area of the L4-S1 levels; decreased range of motion; and intact sensation and motor strength. He was also noted to have bilaterally positive straight leg raises. Current medications include glyburide, multivitamins, and Norco. The treatment plan was noted to include a recommendation for a repeat diagnostic bilateral L4-S1 lumbar epidural steroid injection to provide pain relief, as well as a recommendation for gabapentin for nerve pain. A request was received for a lumbar spine epidural steroid injection and compression stockings. However, a rationale was not provided for the compression stockings. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection bilateral L4-S1 (interlaminar approach) using fluoroscopy: 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: The request for lumbar epidural steroid injection bilateral L4-S1 (inter-laminar approach) using fluoroscopy is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution corroborated with findings of radiculopathy. Additionally, the guidelines recommend documented findings of radiculopathy upon physical examination that is corroborated by imaging studies and/or electrodiagnostic testing; a failed response to conservative treatment, to include exercises, physical methods, NSAIDs, and muscle relaxants; documented evidence of a successful response to the first block; and no more than 1 inter-laminar level should be injected during 1 session. The documentation showed a diagnosis of radiculopathy corroborated by imaging studies, as well as an 80% relief response to the first diagnostic block. However, there was a lack of documentation to show a failed response to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. Moreover, the request indicates treatment for L4-S1, which is more than 1 inter-laminar level. Therefore, the request is not supported by the evidence based guidelines. As such, the request for lumbar epidural steroid injection bilateral L4-S1 (inter-laminar approach) using fluoroscopy is not medically necessary.

Compression stockings: 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 & Leg Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Compressive garments

Decision rationale: The request for compression stockings is not medically necessary. According to Official Disability Guidelines, low levels of compression are effective in the management of telangiectases after sclerotherapy, and the prevention of edema and deep vein thrombosis (DVT). Additionally, high levels of compression are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. There was a lack of documentation to show evidence of telangiectases after sclerotherapy, risk for edema or deep vein thrombosis, treatment of leg ulcers, a diagnosis of post-thrombotic syndrome, or treatment of lymphedema. Moreover, the documentation did not

provide a rationale for the compression stockings. Therefore, the request is not supported by the evidence based guidelines. As such, the request for compression stockings is not medically necessary.