

Case Number:	CM14-0192042		
Date Assigned:	11/25/2014	Date of Injury:	06/03/2010
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine, and is licensed to practice in Colorado. 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 45 year old female who suffered a work related injury on 06/03/2010. Per the physician notes on 10/10/2014 she presented complaining of low back pain and numbness in her right leg. There was tenderness to palpation in the lumbar spine with muscle spasm noted. Clinical radiculopathy with decreased ankle reflexes was noted. Per the notes, the NCV/EMG of the lower extremities was normal. An MRI scan of the lumbar spine on June 2, 2014 discovered a 2 mm desiccated and bulging lumbar disc at the L4-5 level indenting the central spinal canal. The diagnosis was herniated lumbar disk with radiculitis/radiculopathy, right greater than left. The request is for Lumbar epidural steroid injection at L4-L5 with fluoroscopy. This request was denied by the Claims Administrator on 10/20/2014 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection L4, L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Back Pain - Invasive Procedures
Number: 0016 http://www.aetna.com/cpb/medical/data/1_99/0016.html

Decision rationale: According to the MTUS, the purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. This treatment alone offers no significant long-term functional benefit. The criteria for lumbar epidural steroid injection, as listed in the MTUS, include the following: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. The medical necessity criteria provided by the [REDACTED] clinical policy bulletin include the following: Epidural injections are considered medically necessary in the outpatient setting for management of persons with radiculopathy or sciatica when all of the following are met: 1. Intraspinous tumor or other space-occupying lesion, or non-spinal origin for pain, has been ruled out as the cause of pain; and 2. Member has failed to improve after 2 or more weeks of conservative measures (e.g., rest, systemic analgesics and/or physical therapy); and 3. Epidural injections beyond the first set of 3 injections are provided as part of a comprehensive pain management program, which includes physical therapy, patient education, psychosocial support, and oral medications, where appropriate. The injured worker's lower extremity symptomology, along with the specificity of the physical examination findings strongly suggest the potential for radiculopathic pain. Despite the fact that the worker's MRI scan does not definitively show anatomic correlation regarding neural foramina stenosis, and/or nerve root impingement, the worker has persistent disabling symptoms that appear consistent with radiculopathy. As stated in the MTUS criteria, the goal of epidural steroid injection is to improve functionality and rehabilitation potential and thus, potentially avoiding surgical intervention. The presence of the bulging/herniated disc at the L4-5 level is anatomically consistent with the potential for causing radiculopathic-like symptoms, or sciatica-like symptoms, secondary to nerve root chemical irritation and/or nerve root mechanical irritation proximal to (i.e. prior to) the neuroforamina. Therefore, the bulging and desiccated disc may not be excluded as a potential etiology for the worker's lower extremity radicular symptomology. The nerve conduction/EMG results did not discover nerve functional impairment however radiculopathy/sciatica-like symptomology may be present in the absence of abnormalities discovered on nerve conduction testing. The MTUS criteria does not specifically exclude the use of a lumbar epidural steroid injection for diagnostic purposes in the absence of specific MRI scan results, or specific nerve conduction study results. The MTUS criterion specifically describes medical necessity criteria regarding the use of lumbar epidural steroid injection for diagnostic purposes. When comparing the MTUS criteria with the Aetna medical necessity criteria, which does not require definitive anatomic correlation from MRI scan or nerve conduction results, and requires 2 weeks of failed conservative treatment with radiculopathy or sciatica, individuals with sciatica-like symptomology, who have failed conservative treatment, may meet medical necessity criteria for lumbar epidural steroid injection, either diagnostically or therapeutically. In this case, the injured worker has classic lower extremity radiculopathic symptomatology that appears to have been

refractory to conservative treatment. Therefore the request for lumbar epidural steroid injection is considered medically necessary and appropriate.

Fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS provides that fluoroscopy should be used for lumbar epidural steroid injection and therefore, the request for fluoroscopy in relation to the request for lumbar epidural steroid injection, is medically necessary and appropriate.