

Case Number:	CM14-0194211		
Date Assigned:	12/02/2014	Date of Injury:	04/01/2003
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal 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:

The patient is an injured worker with lumbosacral back complaints, status post right L5-S1 laminectomy and disc excision. Mechanism of injury was motor vehicle accident. Date of injury was 04-01-2003. The comprehensive follow-up visit report dated November 19, 2014 documented subjective complaints of severe constant neck and low back pain as well as headaches shooting down upper and lower extremities, right more than left with tingling, numbness and paresthesia. She scores neck pain 4-5/10 and back pain 7-8/10 on visual analogue scale. Cold weather and rainy season make pain worse. Bending, turning and extending neck make pain worse. Spinal cord stimulator gives her 50%-60% pain relief. Prolonged standing, bending and lifting heavy objects make pain worse. Objective findings were documented. The patient is alert, awake, oriented. Manual motor strength is 5/5, except right extensor hallucis longus and plantar flexors are 4+/5. There is increased lumbar lordosis. Range of motion of lumbosacral spine is restricted. Paravertebral muscle spasm and localized tenderness is present in lumbosacral spine area. Well-healed surgical scars are present in thoracolumbar spine area as well as gluteal region. Spinal cord stimulator battery is in situ. Right-sided sitting SLR is 40-50 degrees. Left-sided sitting straight leg raise is 50-60 degrees. There is diminished sensation to light touch along medial and lateral border of right leg, calf and foot. Diagnoses included permanent implantation of spinal cord stimulator, failed back surgery syndrome, right-sided S1 lumbar radiculopathy (EMG electromyography confirmed), left lumbar radiculitis, chronic myofascial pain syndrome, and cervical disc bulge at C5-C6 With neuroforaminal narrowing. Treatment plan included Trazodone, Robaxin, Celebrex, Prilosec, and home exercises. The patient has severe escalation of low back pain shooting down lower extremities, right more than left with tingling, numbness and paresthesia and previously she had 80%-90% pain relief after

epidural steroid injection in 2013 as well as functionally improved. Right-sided L5, S1 transforaminal and caudal epidural steroid injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L5-S1 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections ESIs Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The comprehensive followup visit report dated November 19, 2014 documented subjective complaints of severe escalation of low back pain shooting down lower extremities. According to the progress reports dated 1/10/14 and 11/19/14, right-sided S1 lumbar radiculopathy was demonstrated on an previous EMG electromyography. The date of the EMG electromyography was not documented. The EMG electromyography report was not present in the submitted medical records. Recent electrodiagnostic studies were not documented. Recent MRI magnetic resonance imaging of lumbosacral spine was not documented. Recent imaging studies of lumbosacral spine were not documented. Right-sided L5-S1 transforaminal and caudal epidural steroid injections were requested. Per MTUS, criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Because recent imaging studies and electrodiagnostic reports were not documented, the request for right-sided L5-S1 transforaminal and caudal epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for Right sided L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.

Right-sided Caudal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections ESIs Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The comprehensive followup visit report dated November 19, 2014 documented subjective complaints of severe escalation of low back pain shooting down lower extremities. According to the progress reports dated 1/10/14 and 11/19/14, right-sided S1 lumbar radiculopathy was demonstrated on an previous EMG electromyography. The date of the EMG electromyography was not documented. The EMG electromyography report was not present in the submitted medical records. Recent electrodiagnostic studies were not documented. Recent MRI magnetic resonance imaging of lumbosacral spine was not documented. Recent imaging studies of lumbosacral spine were not documented. Right-sided L5-S1 transforaminal and caudal epidural steroid injections were requested. Per MTUS, criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Because recent imaging studies and electrodiagnostic reports were not documented, the request for right-sided L5-S1 transforaminal and caudal epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for Right-sided Caudal Epidural Steroid Injection is not medically necessary.