

Case Number:	CM14-0194848		
Date Assigned:	12/02/2014	Date of Injury:	08/09/1999
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old male who was injured on 6/9/1999. The diagnoses are Lumbar radiculopathy, lumbar post laminectomy syndrome, cervicgia, cervical generative disc disease, cervical radiculopathy and low back pain. The patient completed PT, medications management and spinal cord stimulator treatment. The 2014 MRI of the lumbar spine showed multilevel disc protrusions, foraminal narrowing, facet hypertrophy and contact with L3 nerve root. A previous lumbar epidural steroid injection provided 50% pain relief. On 10/8/2014, there was subjective complaint of low back pain radiating to the lower extremities. The pain score was rated at 6-7/10 on a scale of 0 to 10. There were objective findings of lumbar paraspinal muscle spasm, atrophy of the quadriceps, positive straight leg raising test, absent deep tendon reflexes and decreased sensation along the lower extremities dermatomes. There was decreased range of motion of the lumbar and cervical spine. A Utilization Review determination was rendered on 11/4/2014 recommending non-certification for Interferential unit therapy, L5 caudal epidural steroid injection, Epidurography and Monitored Anesthesia Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUTI modality interferential therapy (IF) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential stimulation Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that Interferential treatment can be utilized in combination with PT, RTW program or the use of TEN's unit. The records did not show that the patient will be utilizing the interferential unit as part of planned treatment program. The criterion for the use of Multi Interferential unit was not met.

Caudal steroid injection to L5, quantity 1: Overturned

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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records show subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed lumbar surgery, PT and medications managements. There is documentation of significant pain relief and improved physical function following previous epidural steroid injections. The guidelines recommend the use of fluoroscopy and radiographic dye localization with epidurogram for optimum needle placement. The guidelines did not recommend the routine use of Monitored Anesthesia Care for epidural steroid injections. It is recommended that minimal sedation can be considered in patients with history of psychiatric disorder with severe procedure related anxiety. The criteria for L5 Caudal epidural steroid injection were met.

Monitored anesthesia care; quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records show subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed lumbar surgery, PT and medications managements. There is documentation of significant pain relief and improved physical function following previous epidural steroid injections. The guidelines recommend the use of fluoroscopy and radiographic dye localization with epidurography for optimum needle placement. The guidelines did not recommend the routine use of Monitored

Anesthesia Care for epidural steroid injections. It is recommended that minimal sedation can be considered in patients with history of psychiatric disorder with severe procedure related anxiety. The criterion for Monitored Anesthesia Care was not met.

Epidurography, quantity 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records show subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed lumbar surgery, PT and medications managements. There is documentation of significant pain relief and improved physical function following previous epidural steroid injections. The guidelines recommend the use of fluoroscopy and radiographic dye localization with epidurography for optimum needle placement. The guidelines did not recommend the routine use of Monitored Anesthesia Care for epidural steroid injections. It is recommended that minimal sedation can be considered in patients with history of psychiatric disorder with severe procedure related anxiety. The criteria for Epidurography were met.