

Case Number:	CM14-0202152		
Date Assigned:	12/12/2014	Date of Injury:	04/22/2011
Decision Date:	02/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/03/2014

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 Acupuncture & Pain 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 a 46 year old female who sustained a work related injury twisting her lower back while employed as a custodian on April 22, 2011. The diagnosis is lumbar disc displacement without myelopathy and lumbar congenital spondylolisthesis. There was no surgical intervention documented. According to the Agreed Medical Evaluation, a repeat magnetic resonance imaging of the lumbar spine in September 2011, demonstrated a non-compressive bulging at L4-5 causing mild central canal stenosis and a non-compression bulge at L5-S1 with mild bilateral neuroforaminal narrowing. In September 2012 flexion extension films of the lumbar spine showed no abnormalities. The injured worker continues to experience low back pain, worse in the morning and with increased activity at work. Examination on November 18, 2014 documented lumbar flexion 30 degrees and painful with range of motion exercises. Lumbar extension at 10 degrees with spasm and guarding in the lumbar spine was noted. The injured worker is currently on Norflex and Lidocaine ointment. A transcutaneous electrical nerve stimulation (TENS) is utilized also. The injured worker had received an epidural steroid injection to the lumbar spine in December 10, 2013 with 80% relief. The injured worker is considered permanent and stationary and has returned to normal work duties according to the progress report dated November 18, 2014. The treating physician has requested authorization for bilateral transforaminal epidural steroidal injections at lumbar 3-4 and lumbar 4-5, lumbar epidurogram, intravenous sedation, fluoroscopic guidance and contrast dye. On December 3, 2014 the Utilization Review denied certification for the bilateral transforaminal epidural steroidal injections at lumbar 3-4 and lumbar 4-5, lumbar epidurogram, intravenous sedation, fluoroscopic guidance and contrast dye. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines for epidural steroidal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Upon review of the submitted documentation, per the 11/18/14 progress report, the injured worker complained of weakness. Per progress note dated 12/5/14, there was diminished patellar and Achilles reflexes bilaterally, straight leg raise test was positive on the left. MRI of the lumbar spine dated 7/20/11 revealed at L3-L4 broad based disc bulge, no significant canal stenosis, mild right neural foraminal narrowing. At L4-L5 broad based disc bulge, facet hypertrophy and ligamentum flavum hypertrophy, no significant canal stenosis, mild left neural foraminal narrowing. It was indicated that the injured worker has had previous lumbar epidural steroid injections on 12/10/13, which provided greater than 60% decrease in her low back and right lower extremity pain and per the documentation provided benefit through 8/2014. However, as the request is for four injections, it is not medically necessary.

Lumbar epidurogram: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS guidelines with regard to epidural steroid injections: 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. The request is medically necessary.

IV Sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Epidural Steroid Injections.

Decision rationale: Per the ODG guidelines, Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. The request is not medically necessary.

Fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Epidural Steroid Injection.

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

Decision rationale: Per the MTUS guidelines with regard to epidural steroid injections: 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. The request is medically necessary.

Contrast dye: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS guidelines with regard to epidural steroid injections: 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. The request is medically necessary.