

Case Number:	CM14-0203618		
Date Assigned:	12/16/2014	Date of Injury:	01/28/1999
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 64 year old patient with date of injury of 01/28/1999. Medical records indicate the patient is undergoing treatment for include lumbar disc displacement, post-laminectomy syndrome of the lumbar region, lumbar radiculopathy and low back pain. Subjective complaints include of low back pain, and she described the pain as sharp, stabbing, burning, constant, and radiating into the bilateral buttock, lateral thigh, and posterior thigh, rated 7/10 without medications and 5/10 with medications. Objective findings include paralumbar spasm; tenderness to palpation on the right; right lateral bending at 0-10 degrees; left lateral bending at 20-30 degrees; positive straight leg raise at 40 degrees; limited range of motion due to pain; absent lower extremity deep tendon reflexes; decreased sensation to light touch on the right in the lateral thigh; and normal motor strength of the lower extremities. MRI of cervical spine dated 05/28/2014 revealed straightening of the cervical lordosis, C4-C5 mild spondylosis with sic space narrowing, metallic foreign material is present in the C5-C6 interspace and renders this interspace non-visualized on the MRI. CT scan of the lumbar spine dated 07/08/2014 revealed mild bilateral facet hypertrophy and moderate foraminal stenosis. X-ray of the lumbar spine dated 07/08/2014 revealed posterior decompression at L4-L5 and L5-S1, and levoscoliosis with the apex at L3. Treatment has consisted of physical therapy, surgical intervention, chiropractic care, lumbar epidural steroid injections, NSAID therapy, Gabapentin, Norco, Soma, Celebrex, Ambien, Glucosamine, Simvastatin and Topamax. The utilization review determination was rendered on 11/14/2014 recommending denial of Monitored anesthesia care and Epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monitored anesthesia care: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 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. The patient was approved for a Lumbar epidural steroid injection. MTUS recommends that these be performed under fluoroscopy. A pain specialist, such as Anesthesiologist should perform these injections and assist in monitoring the patient from the beginning until the end of the procedure. As such, the request for Monitored anesthesia care is medically necessary.

Epidurography: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic. Other Medical Treatment Guideline or Medical Evidence: <http://www.painmd.com/epidurography/>.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 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. PainMD states "Epidurography is both a diagnostic and treatment tool. It is used to assess the structure of the epidural space in the spine by injecting contrast dye under fluoroscopic guidance. This procedure is usually also done before epidural steroids are administered to ensure accurate delivery of therapeutic material to the source of your pain. The procedure is used in the detection of herniated discs that are not seen with myelography". The patient was approved for a Lumbar epidural steroid injection. MTUS recommends that these be performed under fluoroscopy. As such, the request for Epidurography is medically necessary.