

Case Number:	CM14-0206447		
Date Assigned:	12/18/2014	Date of Injury:	03/29/2000
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 59 year old female with an injury date of 03/29/00. Based on the 12/01/14 progress report provided by treating physician, the patient complains of neck pain which radiates to the shoulder and low back pain which radiates to lower extremities. The patient is status post low back fusion 2002, right knee 2011. Physical examination to the neck revealed tenderness to palpation to the bilateral cervical spinous musculature from C4 to T1. Physical examination to the back revealed mild-to-moderate lumbar paraspinous tenderness from L1 to S1 with 1+ muscle spasm. Range of motion was decreased, especially on extension 45 degrees. The patient has negative straight leg raise. Quadriceps, left 4-5/5 and right 4/5; anterior tibias, left 5/5 and right 4/5; peroneus longus/brevis, left 5/5 and right 4-5/5; and posterior tibialis, left 5/5 and right 4-5/5. The patient has hypesthesia in the right L3, L4 and L5 dermatomes. Patellar left 2+ and right 1+ and Achilles left 1+ and right 1+. The patient underwent right L4-5 and L5-S1 transforaminal ESI on 10/25/12 with 40-50% improvement and right L3-L4 and L4-L5 transforaminal ESI on 04/21/14 with 70% pain relief. Patient has had a trigger point injection and 10 sessions of physical therapy. Current medication include Norco, Cymbalta, Lyrica and Levothyroxine
Diagnosis (12/01/14)- Lumbar radiculopathy right greater than left lower extremity- Status post L4-5 lumbar fusion with residual low back and lower extremity pain- Status post right knee surgery- Status post bilateral shoulder surgery- Status post implantation of dual-lead spinal cord stimulation system on October 19, 2005- Subsequent failure of generator with subsequent replacement in December 2005- Cervicogenic headaches- Chronic persistent cervical and lumbar myofascial neuropathic pain- Insomnia due to chronic pain- Anxiety and depression due to chronic pain
The utilization review determination being challenged is dated 11/20/14. The rationale follows: "There is insufficient documentation to warrant an additional

authorization at this time." "the medical necessity for an epidural injection has not been established."Treatment reports were provided from 05/20/14 to 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal ESI under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with neck pain which radiates to the shoulder and low back pain which radiates to lower extremities. The request is for bilateral L4-5 transforaminal ESI under fluoroscopic guidance. Patient's diagnosis includes lumbar radiculopathy right greater than left lower extremity.MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- 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."Per progress report dated 05/20/14 treater states 60-70% improvement in her low back and right leg pain following her right L3-4 and L4-5 ESI on 04/21/14 but she is now experiencing some left leg symptoms. Given this improvement in pain reduction would make this request reasonable within guideline recommendations. However, no imaging studies were included in the request for review to corroborate radiculopathy. Therefore, this request is not medically necessary.

Transportation to and from surgery center for procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 'Knee & Leg' and Title 'Transportation (to & from appointments)' and Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: The patient presents with neck pain which radiates to the shoulder and low back pain which radiates to lower extremities. The request is for transportation to and from surgery center for procedure. Patient's diagnosis includes lumbar radiculopathy right greater than left lower extremity.ODG-TWC guidelines, Chapter 'Knee & Leg' and Title 'Transportation (to & from appointments)', recommend transportation "for medically-necessary transportation to

appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care.

Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation: Per AETNA guidelines, " The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion."While the patient suffers from pain, there is no indication that she requires nursing home level care. Furthermore, report dated 10/28/14 treater states "She continues to utilize a single point cane, which assists with gait stability," which suggests she is able to self-ambulate. If the patient was to undergo an ESI, transportation may need to be provided as the patient would not be able to self-transport due to sedation. But the requested ESI has not been deemed medically necessary. Therefore, this request is not medically necessary.