MAXIMUS Federal Services

Case Number:	CM14-0025565		
Date Assigned:	06/13/2014	Date of Injury:	08/25/2011
Decision Date:	04/21/2015	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 30 year old male who sustained an industrial injury on 08/25/2011. The mechanism of injury is documented to be from lifting a 800-1,000 pound frame. The injured worker felt immediate pain in his low back. He was evaluated where a diagnosis of low back sprain was made. The injured worker presented on 02/03/2014 with complaints of low back pain radiating into his left lower extremity. There was associated numbness of the left lower extremity. He stated he was not able to continue his home exercise program secondary to the increase in pain. He stated medications were helping but not enough to cover his pain. There was pain and decreased range of motion on exam of the lumbar spine. Treatment to date consisted of MRI, home exercises, functional restoration program, and medications. Diagnosis was lumbar disc displacement without myelopathy, sciatica and disorders of sacrum. The provider is requesting lumbar epidural steroid injections noting: 'We would like to treat his pain and prevent escalation on his medications.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Myelography: 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 ODG: Section: Low Back, Topic: Myelography.

Decision rationale: ODG criteria for myelography include demonstration of the site of a cerebrospinal fluid leak, surgical planning, especially in regard to the nerve roots, radiation therapy planning for tumors, or diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral disks, meninges and surrounding soft tissues or inflammation of the arachnoid membrane that covers the spinal cord. Other indications include poor correlation of physical findings with MRI studies and if use of MRI is precluded because of claustrophobia, technical issues, safety reasons for example a pacemaker, and surgical hardware. The documentation provided does not indicate the reason for doing the myelography except as a part of the requested epidural steroid injections. The MRI scan did not show any evidence of nerve root impingement. Therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection at L5-S1, each additional level x2, under Fluoroscopic Guidance: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS chronic pain guidelines indicate epidural steroid injections are recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections include 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2. Initially unresponsive to conservative treatment. 3. Injections should be performed using fluoroscopy. 4. If used for diagnostic purposes a maximum of 2 injections should be performed. 5. No more than II nerve root levels should be injected using transforaminal blocks. 6. No more than 1 interlaminar level should be injected at 1 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 6-8 weeks with a general recommendation of no more than 4 blocks per region per year. 8. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 GSI injections.MRI scan of the lumbar spine dated 10/11/2011 revealed shallow 2 mm midline disc protrusions resulting in mild effacement of the anterior thecal sac with no neural abutment at L4-5 and L5-S1. There was no central canal stenosis. No evidence of nerve root compression was documented. Official reports of EMG and nerve conduction studies were not submitted. Based upon a review of the office notes dated November 11, 2013 the injured worker complained of numbness and weakness in the entire left lower extremity in all dermatomes from L2-S1. Deep tendon reflexes were symmetrical. The weakness included hip flexion, hip extension, knee

flexion, knee extension, dorsiflexion, and plantar flexion of the left foot with motor strength being 3/5 in all of the above areas. Straight leg raising was positive on the left. The provider requested authorization for lumbar epidural steroid injection at L5-S1, each additional level x2, lumbar myelography, lumbar epidurogram, and fluoroscopic guidance . California MTUS guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case the imaging studies include the MRI scan of 10/11/2011 which did not show any evidence of nerve root compression at any level. This clearly does not explain the sensory and motor findings in the left lower extremity that have been documented. The official report pertaining to the electrodiagnostic study has not been provided. As such, the guidelines criteria have not been met and the medical necessity of the request for epidural steroid injection at L5-S1, is not medically necessary.