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| Case Number: | CM15-0002492 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 09/18/2013 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 51 year old male, who sustained an industrial injury on 09/18/2013. The diagnoses have included herniated nucleus pulposus at L2-3 through 4, lumbar pain with radiculopathy, and bilateral sacroiliac joint dysfunction. Treatments to date have included bilateral sacroiliac joint intraarticular corticosteroid injection on 06/26/2014, manipulation under anesthesia and intraarticular injection on 08/07/2014, physical therapy, home exercise program, and medications. Diagnostics to date have included MRI which showed a herniated nucleus pulposus on the right at L2-3 and L4-5. In a follow up visit note dated 09/25/2014, the treating physician reported it is hopeful the injection will help provide a clear diagnosis of his symptoms and provide him with some pain control. Utilization Review determination on 12/22/2014 non-certified the request for 1 R L2-3 and L3-4 Transforaminal Epidural Steroid Injection with Intravenous Sedation citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L2-L3 & L3-4 Transforaminal Epidural Steroid Injection with IV Sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs)

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS is silent on selective nerve root blocks. ODG states “Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery.” The treating physician documents radiculopathy on physical exam that is corroborated on MRI. In addition, ODG recommends transforaminal injections for diagnostic purposes only and not to therapeutically treat back pain. The treating physician has not met the above guidelines at this time. It should be noted that the treating physician’s progress notes were difficult to read. As such, the request for 1 Right L2-L3 & L3-4 Transforaminal Epidural Steroid Injection with IV Sedation is not medically necessary.