

Case Number:	CM15-0003777		
Date Assigned:	01/14/2015	Date of Injury:	05/20/1998
Decision Date:	03/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 documentation indicated the injured worker is a 55-year-old male who reported an injury on 05/20/1998. The mechanism of injury was not provided. Prior treatments included physical therapy, limited activities, and medications. The injured worker underwent surgical intervention including a right sided hemilaminectomy, partial medial facetectomy, and removal of facet cyst at L4-5 on 08/03/2012. The injured worker was utilizing a cane. The injured worker had electrodiagnostic studies and an MRI. The injured worker underwent a myelogram on 11/11/2014 which revealed grade 1 spondylolisthesis at L4-5. It was 9 mm without significant change or progression. The injured worker had L4-5 degenerative disc disease, bilateral neural foraminal stenosis at L4-5, and weakness on the right foot extensors due to chronic radiculopathy. The request was made for a lumbar epidural steroid injection on the right at L4-5 with fluoroscopy. The documentation of 11/11/2014 revealed the injured worker had pain in the low back, buttocks, hip, knee, and leg. Medications were noted to include Amrix and Nucynta. The physical examination revealed the injured worker was in pain and walking with a cane. The injured worker had decreased range of motion. The diagnosis included grade 1 spondylolisthesis at L4-5 of 9 mm without significant change or progression; L4-5 degenerative disc disease, bilateral neural foraminal stenosis, and status post right sided hemilaminectomy, partial medial facetectomy, and removal of facet cyst at L4-5 with weakness on the right foot extensors due to chronic radiculopathy. The treatment plan included Nucynta 75 mg, Amrix 30 mg, and an epidural steroid injection due to severe pain. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Right L4-5 QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy on examination that are corroborated by electrodiagnostic or imaging studies and there should be documentation of a failure of conservative care including physical medicine, exercise, NSAIDs, and muscle relaxants. The injections should be performed under fluoroscopy. The guidelines do not recommend a series of 3. The clinical documentation submitted for review failed to provide documentation of radicular findings upon physical examination that were corroborated by imaging studies as the imaging studies were not provided. There was a lack of documentation of a failure of conservative care and a lack of documented rationale for the necessity for 3 injections, which are not supported per the guideline recommendations. Given the above, the request for lumbar epidural steroid injection right L4-5 QTY: 3 is not medically necessary.

Fluoroscopy QTY: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=34753&search=sympathetic+block+using+fluoroscipy>

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that epidural injections should be performed under fluoroscopy. The guidelines do not recommend a series of 3. The clinical documentation submitted for review failed to provide documentation of radicular findings upon physical examination that were corroborated by imaging studies as the imaging studies were not provided. There was a lack of documentation of a failure of conservative care and a lack of documented rationale for the necessity for 3 injections, which are not supported per the guideline recommendations. Given the above, the request for fluoroscopy QTY: 3 is not medically necessary.

