

Case Number:	CM15-0005990		
Date Assigned:	01/20/2015	Date of Injury:	02/19/2013
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 35-year-old male, with a reported date of injury of 02/19/2013. The diagnoses include right S1 radiculopathy, right paracentral disc protrusion at L4-5, right paracentral disc protrusion at L5-S1, and lumbar facet joint arthropathy. Treatments have included opioid medication, anti-inflammatory medication, and physical therapy. The progress report dated 12/19/2014 indicates that the injured worker complained of right low back pain, radiating to the right buttock, right posterior thigh, and right posterior calf. He rated the pain 8 out of 10. The patient complains of weakness affecting the right lower extremity. Physical examination findings reveal reduced strength in the right tibialis anterior, right extensor hallucis longus and right gastrocnemius. The note indicates that the patient has failed physical therapy, NSAIDs, and conservative treatment. A Medrol dose pack was prescribed. The treating physician recommended a fluoroscopically-guided right L4-5 and right L5-S1 transforaminal epidural steroid injection with right S1 selective nerve root block to treat the injured worker's aggravated right low back pain with right lower extremity radicular symptoms and right lower extremity weakness. A progress report dated April 23, 2014 includes a review of records that identifies an MRI report on April 18, 2013 showing a 5 mm right-sided disc protrusion at L4-5 affecting the right L5 nerve root as well as a 7-9 mm right disc extrusion at L5-S1 displacing the S1 nerve root. On 01/09/2015, Utilization Review (UR) denied the request for right L4-L5 transforaminal epidural steroid injection, a right L5-S1 transforaminal epidural steroid injection with right S1 selective nerve root block (SNRB), fluoroscopic guidance, and moderate sedation.

The UR physician noted that there was a lack of the original imaging reports. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Pa.

Decision rationale: Regarding the request for Right L4-5 TF epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy at the proposed treatment level. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.

Right L5-S1 transforaminal epidural steroid injection with right S1 SNRB: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Pa.

Decision rationale: Regarding the request for Right L5-S1 TF epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy at the proposed treatment level. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.

Associated service: Fluoroscopic guidance, quantity of two: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Pa. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines (ODG) Low Back, Fluoroscopy

Decision rationale: Regarding the request fluoroscopic guidance, Chronic Pain Treatment Guidelines and Official Disability Guidelines state that fluoroscopy is recommended when performing epidural steroid injections. The guidelines state that fluoroscopy is considered important when guiding a needle into the epidural space. Given that the requested transforaminal lumbar epidural injections are medically necessary, the requested fluoroscopic guidance is medically necessary.

Associated service: moderate sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Pa.

Decision rationale: Regarding the request for moderate sedation, Chronic Pain Treatment Guidelines support the use of epidural injections, and the injections are medically necessary. The use of sedation is frequently used to decrease the chance of movement with painful procedures. As such, the requested moderate sedation is medically necessary.