

Case Number:	CM15-0102111		
Date Assigned:	06/04/2015	Date of Injury:	07/10/2014
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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

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 62 year old male, who sustained an industrial injury on 7/10/14. The injured worker has complaints of pain traveling down his right and left legs and back pain. The documentation noted that there is mild muscle spasm noted in the quadratus lumborum on the right side. The diagnoses have included lumbar radiculopathy; lumbar strain and lower thoracic strain, resolved. Treatment to date has included chiropractic/physiotherapy treatments; cream with capsaicin; alternating ice/heat; ultram; flexeril; status post lumbar decompression and fusion, L4-S1 (sacroiliac) on 6/15/02 and injections. The request was for right L3-4 transforaminal epidural injection; left L3-4 transforaminal epidural injection; moderate sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 transforaminal epidural 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 ESI Page(s): 46-47.

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with back pain, bilateral posterior buttock pain radiating to the anterior thigh and bilateral posterior thighs. The treater has asked for Right L3-4 Transforaminal Epidural Injection on 4/21/15 for both diagnostic and therapeutic purposes. The request for authorization was not included in provided reports. The patient is s/p lumbar decompression and fusion of L4 to S1 from 6/15/02 per 4/1/15 report. The patient is s/p left SI joint injection from December 2014, and right SI joint injection from February 2015 with no significant improvement per 4/21/15 report. The patient does have significant osteophyte at L3-4 and disc space narrowing and some anterolisthesis per 4/21/15 report, but the original lumbar MRI report was not included in the documentation. The patient's current medications include losartan, simvastatin, glipizide, aspirin, tramadol, pioglitazone, and flexeril per 4/21/15 report. The patient states that previous chiropractic treatments have not been beneficial per 4/1/15 report. The patient's work status is temporarily totally disabled per 4/21/15 report. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.; and 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. In this case, the patient did receive an ESI in 2000, which helped her symptoms a lot at that time. The patient suffers from lumbar pain radiating to right lower extremity. Physical examination reveals a positive straight leg raise on the right. MRI of the lumbar spine, dated 01/08/15, included bulging with superimposed extrusion at L3-4 causing severe foraminal narrowing, moderate to severe canal stenosis, possible nerve abutment, and severe lateral recess narrowing. Given the significant MRI findings, radicular symptoms and exam, a repeat injection at these levels appear medically reasonable. The patient's last injection was a number of years ago. The request is medically necessary.

Left L3-4 transforaminal epidural 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 ESI Page(s): 46-47.

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with back pain, bilateral posterior buttock pain radiating to the anterior thigh and bilateral posterior thighs. The treater has asked for Left L3-4 Transforaminal Epidural Injection on 4/21/15 for both diagnostic and therapeutic purposes. The request for authorization was not included in provided reports. The patient is s/p lumbar decompression and fusion of L4 to S1

from 6/15/02 per 4/1/15 report. The patient is s/p left SI joint injection from December 2014, and right SI joint injection from February 2015 with no significant improvement per 4/21/15 report. The patient does have significant osteophyte at L3-4 and disc space narrowing and some anterolisthesis per 9/2/14 lumbar MRI. The patient's current medications include losartan, simvastatin, glipizide, aspirin, tramadol, pioglitazone, and flexeril per 4/21/15 report. The patient states that previous chiropractic treatments have not been beneficial per 4/1/15 report. The 9/2/14 lumbar MRI shows grade 1 spondylolisthesis at L5-S1 level. Mild decreased disc height, disc desiccation with anterior, lateral, and posterior osteophytes noted at L3-4 level. Associated mild narrowing of the L3 neural foramina bilaterally. The patient's work status is temporarily totally disabled per 4/21/15 report. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.; and 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. Review of the reports do not show any evidence of previous epidural steroid injections. The patient has had fusion from L4- S1, and has radicular back pain. A post-fusion lumbar MRI dated 9/2/14 shows a significant osteophyte at L3-4 level per 4/21/14 report. Physical exam showed dysaesthesias in the L3-4 distribution and persistent pain in the thighs both posteriorly and anteriorly per 4/21/15 report. The 8/202/14 report also shows sensation to light touch diminished in anterolateral calf, left > right. The treater is requesting a bilateral L3-4 epidural steroid injection, which is reasonable considering radicular symptoms, sensory deficit along L3-4 dermatomal distribution, and lumbar MRI showing osteophytes at L3-4 level. The request is medically necessary.

Moderate sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under 'Epidural Steroid Injections (ESIs).

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with back pain, bilateral posterior buttock pain radiating to the anterior thigh and bilateral posterior thighs. The treater has asked for Moderate Sedation on 4/21/15 for both diagnostic and therapeutic purposes. The request for authorization was not included in provided reports. The patient is s/p lumbar decompression and fusion of L4 to S1 from 6/15/02 per 4/1/15 report. The patient is s/p left SI joint injection from December 2014, and right SI joint injection from February 2015 with no significant improvement per 4/21/15 report. The patient does have significant osteophyte at L3-4 and disc space narrowing and some anterolisthesis per 4/21/15 report, but the original lumbar MRI report was not included in the documentation. The patient's current medications include losartan, simvastatin, glipizide, aspirin, tramadol, pioglitazone, and

flexeril per 4/21/15 report. The patient states that previous chiropractic treatments have not been beneficial per 4/1/15 report. The 9/2/14 lumbar MRI shows grade 1 spondylolisthesis at L5- S1 level. Mild decreased disc height, disc desiccation with anterior, lateral, and posterior osteophytes noted at L3-4 level. Associated mild narrowing of the L3 neural foramina bilaterally. The patient's work status is temporarily totally disabled per 4/21/15 report. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. ODG-TWC, Pain (Chronic) Chapter under Epidural Steroid Injections (ESIs) states: sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided. Given that the request for epidural steroid injection is considered medically reasonable, monitored anesthesia care is necessary. There is guideline support for the administration of light sedation for epidural steroid injection. Therefore, the request is medically necessary.

Fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Fluoroscopy (for ESI's).

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with back pain, bilateral posterior buttock pain radiating to the anterior thigh and bilateral posterior thighs. The treater has asked for Fluoroscopy on 4/21/15 for both diagnostic and therapeutic purposes. The request for authorization was not included in provided reports. The patient is s/p lumbar decompression and fusion of L4 to S1 from 6/15/02 per 4/1/15 report. The patient is s/p left SI joint injection from December 2014, and right SI joint injection from February 2015 with no significant improvement per 4/21/15 report. The patient does have significant osteophyte at L3-4 and disc space narrowing and some anteriolisthesis per 4/21/15 report, but the original lumbar MRI report was not included in the documentation. The patient's current medications include losartan, simvastatin, glipizide, aspirin, tramadol, pioglitazone, and flexeril per 4/21/15 report. The patient states that previous chiropractic treatments have not been beneficial per 4/1/15 report. The 9/2/14 lumbar MRI shows grade 1 spondylolisthesis at L5- S1 level. Mild decreased disc height, disc desiccation with anterior, lateral, and posterior osteophytes noted at L3-4 level. Associated mild narrowing of the L3 neural foramina bilaterally. The patient's work status is temporarily totally disabled per 4/21/15 report. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy

(for ESI's)', has this to say about fluoroscopy Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. In this case, ODG guidelines support the use of fluoroscopy for epidural injections. The patient has been authorized for ESI of the lumbar spine at L3 and L4. Consequently, the request for fluoroscopy is medically necessary as well.