

Case Number:	CM15-0144493		
Date Assigned:	08/05/2015	Date of Injury:	05/02/2013
Decision Date:	09/29/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/26/2015

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 24 year old female with an industrial injury dated 05-02-2013. The injured worker's diagnoses include lumbago, sciatica, lumbar radiculitis, lumbar spine herniated disc, lumbosacral spine herniated disc, lumbosacral spine spinal stenosis, lumbar spine disc disorder with myelopathy and lumbar facet arthropathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In the most recent progress note dated 04-27-2015, the injured worker reported dull to sharp pain in the lower back radiating down the hips and lower extremities with numbness in both legs. Objective findings revealed tenderness to palpitation of the bilateral paraspinal musculatures of the lumbar spine with spasms, tenderness over the lumbar spine processes and interspinous ligaments, positive bilateral heel walk test, positive bilateral toe walk test, and positive bilateral lumbar facet test. The treating physician prescribed services for lumbar epidural steroid injection at L5-S1 and percutaneous spinal nerve root at right L4, L5 and S1 level, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: 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): 47.

Decision rationale: The patient presents with pain in the low back radiating to bilateral hips and bilateral lower extremities. The request is for LUMBAR EPIDURAL STEROID INJECTION AT L5-S1. Physical examination to the lumbar spine on 04/27/15 revealed tenderness to palpation to the bilateral paravertebral muscles with spasm and over the lumbar spinous processes and interspinous ligaments. Patient's treatments have included acupuncture, chiropractic and physical therapy. Per 04/27/15 progress report, patient's diagnosis include lumbago; sciatica; lumbar radiculitis; herniated disc, lumbar spine; herniated disc, lumbosacral spine; spinal stenosis, lumbosacral spine; disc disorder with myelopathy, lumbar spine; lumbar facet atrophy. Patient's work status was not specified. The MTUS Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following: "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section, page 46, 47: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states: "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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state: "At the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the patient continues to suffer with low back pain that radiates into the bilateral hips and bilateral lower extremities and is diagnosed with lumbar radiculitis. Review of the medical records does not indicate prior lumbar epidural steroid injections. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. Given the patient's radicular symptoms, the request would be indicated. However, in review of the medical records provided, there is no MRI report or a discussion of imaging study showing a potential nerve root lesion corroborating the patient's radicular symptoms. No EMG studies are provided showing a diagnosis of radiculopathy either. The request does not meet the guidelines, due to lack of required documents, and therefore, IS NOT medically necessary.

Percutaneous spinal nerve root at right L4, L5 and S1 level: 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): 46-47.

Decision rationale: The patient presents with pain in the low back radiating to bilateral hips and bilateral lower extremities. The request is for PERCUTANEOUS SPINAL NERVE ROOT AT RIGHT L4, L5 AND S1 LEVEL. Physical examination to the lumbar spine on 04/27/15 revealed tenderness to palpation to the bilateral paravertebral muscles with spasm and over the lumbar spinous processes and interspinous ligaments. Patient's treatments have included acupuncture, chiropractic and physical therapy. Per 04/27/15 progress report, patient's diagnosis include lumbago; sciatica; lumbar radiculitis; herniated disc, lumbar spine; herniated disc, lumbosacral spine; spinal stenosis, lumbosacral spine; disc disorder with myelopathy, lumbar spine; lumbar facet atrophy. Patient's work status was not specified. The MTUS Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following: "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section, page 46, 47: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states: "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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic, state: "At the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." The patient continues to suffer with low back pain that radiates into the bilateral hips and bilateral lower extremities and is diagnosed with lumbar radiculitis. Review of the medical records does not show any specific discussion regarding this request. It is not known what this request is really referring to. It does not explain what is to be done to these spinal levels, be it nerve root blocks, or dorsal medial branch blocks, or some kind of minimally invasive surgical intervention. Because the request is vague, it may apply to a number of different procedures or surgery and finding the right guideline is not possible. The medical file provided did not include the Utilization Review nor Request for Authorization to verify what the request is for. The request IS NOT medically necessary.