

Case Number:	CM15-0183593		
Date Assigned:	10/07/2015	Date of Injury:	07/23/2004
Decision Date:	11/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 59 year old male, who sustained an industrial injury on 7-23-2004. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included diagnostics, bilateral lumbar radiofrequency ablation facet nerve (1-2008, 1-2009, and 9-2010), unspecified "lumbar epidural steroid injection without benefit" per the progress report dated 2-27-2015, and medications. On 8-05-2015, the injured worker complains of low back pain with radiation down the left lower extremity, rated 4 out of 10 with medication and 8 without (pain not rated on 6-10-2015 and-or 5-15-2015). He denied any changes to his personal health or psychological condition. Work status was permanent and stationary. Exam of the lumbar spine noted tenderness to palpation at the lumbosacral junction, left side greater than right, decreased range of motion, decreased sensation along the L2 and L3 dermatomes bilaterally left greater than right especially at the anterior thigh, motor strength 4 of 5 with left hip flexion, deep tendon reflexes absent but equal at the patella and 1+ and equal at the Achilles, and negative straight leg raise bilaterally. Medications included Zolpidem, Ketamine cream, Orphenadrine, Capsaicin cream, DSS, Gabapentin, Miralax, Viagra, Morphine ER, Lovastatin, Nitrostat, Aspirin, Carvedilol, Lisinopril, and Plavix. The treating physician noted that the injured worker wished to avoid surgical intervention. Magnetic resonance imaging of the lumbar spine (3-17-2015) was documented as showing central and left paracentral disc extrusion at L2-3 causing spinal canal stenosis with crowding of the intrathecal nerve roots and significant tightening of the left lateral recess area, impingement on the traversing left L3 nerve root, disc herniation at L3-4, tightening of the left lateral recess which may affect the traversing

left L4 nerve root, and moderate narrowing of the right foramen at L4-5 with obliteration of the perineural fat. Updated electromyogram studies of the bilateral lower extremities (8-04-2015) noted evidence of abnormal patterns to indicate lumbosacral radiculopathy, noting left L3 and L4 radiculopathy acute in electrophysiological patterns with active denervation and bilateral L5 and S1 lumbosacral radiculopathy are chronic in electrophysiological patterns. The treatment plan included bilateral transforaminal lumbar epidural steroid injection at L2-3 with fluoroscopic guidance, intravenous sedation, and lumbar epidurogram, contrast dye. On 8-20-2015, Utilization Review non-certified the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal LESI at L2-L3 with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Bilateral transforaminal LESI at L2-L3 with fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate findings of radiculopathy in the proposed area for injection in the right lower extremity that is corroborated by electrodiagnostic testing or imaging studies. For this reason, the request for epidural steroid injection is not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Epidural steroid injections (ESIs).

Decision rationale: IV sedation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate findings of radiculopathy in the proposed area for injection in the right lower extremity that is corroborated by electrodiagnostic testing or imaging studies. The ODG states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. The documentation does not reveal that the epidural steroid is medically necessary therefore, the request for sedation is not medically necessary.

Lumbar epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation AJNR 1999 20: 697-705. Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases Blake A. Johnsona, Kurt P. Schellhasa and Steven R. Polleia.

Decision rationale: Lumbar epidurogram is not medically necessary per the MTUS Guidelines and a review of epidurography in the literature. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate findings of radiculopathy in the proposed area for injection in the right lower extremity that are corroborated by electrodiagnostic testing or imaging studies. For this reason, the request for epidural steroid injection is not medically necessary. The literature states that epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring. Due to the fact that the epidural steroid injection was not medically necessary, the lumbar epidurogram is also not medically necessary.