

Case Number:	CM15-0202290		
Date Assigned:	10/19/2015	Date of Injury:	08/05/1999
Decision Date:	12/01/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/14/2015

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: Family Practice

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 67-year-old male, with a reported date of injury of 08-05-1999. The diagnoses include chronic pain syndrome, myofascial pain syndrome, depression, lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, opiate-dependent pain, and insomnia. Treatments and evaluation to date have included Fentanyl patch, Omeprazole, Carbamazepine, Bupropion, Ambien, Celebrex, Venlafaxine, physical therapy, chiropractic treatment, TENS unit, acupuncture, nerve blocks and injections, and epidural steroid injections. The diagnostic studies to date have not been included in the medical records provided. The follow-up report dated 09-15-2015 indicates that the injured worker obtained greater than 60% functional pain control with the current medication regimen. It was noted that his current physical exam findings were consistent with lumbar radiculitis. The injured worker's previous pain rating on a good day was 9 out of 10; his current pain rating on a good day was 7 out of 10; his previous pain rating on a bad day was 10 out of 10; and his current pain rating on a bad day was 9 out of 10. The physical examination of the lumbar spine showed palpation and tenderness at L5-S1, pain across the lower back on extension, along the facets, forward flexion at 110 degrees, hyperextension at 10 degrees, tenderness of the left sciatic notch, positive bilateral straight leg raise test, an antalgic gait with weakness, a normal posture, bilateral lumbar spasm, and normal sensation to pinprick in the lower extremities. The injured worker's status was noted as partially disabled. The treating physician requested one bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at the level of L5 and one bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at the level of S1. On 10-

10-2015, Utilization Review (UR) non-certified the request for one bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at the level of L5 and one bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at the level of S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at L5 level: 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: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the injured worker was unresponsive to conservative treatment. The MTUS guidelines state that 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. The injured worker is diagnosed with radiculopathy and is reporting improvement from prior epidural steroid injection in 2014. However, the medical records do not establish imaging or electrodiagnostic studies to corroborate the diagnosis of radiculopathy. In the absence of imaging or electrodiagnostic studies, the request for repeat injections cannot be supported at this juncture. The request for Bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at L5 level is not medically necessary and appropriate.

Bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at S1 (sacroiliac) level: 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: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the injured worker was unresponsive to conservative treatment. The MTUS guidelines state that 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. The injured worker is diagnosed with radiculopathy and is reporting improvement from prior epidural steroid injection in 2014. However, the medical records do not establish imaging or electrodiagnostic studies to corroborate the diagnosis of radiculopathy. In the absence of imaging or electrodiagnostic studies, the request for repeat injections cannot be supported at this juncture. The request for Bilateral lumbar transforaminal to include anesthesia with x-ray fluoroscopic guidance at S1 (sacroiliac) level is not medically necessary and appropriate.