

Case Number:	CM15-0024982		
Date Assigned:	02/17/2015	Date of Injury:	08/27/2013
Decision Date:	04/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/10/2015

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 45 year old male who sustained an industrial injury on 8/27/13. Currently he complains of constant back pain that radiates into bilateral buttocks, thigh, hip and leg. After epidural steroid injections the pain does not radiate and he can participate in activities of daily living. Medications include Tramadol, cyclobenzaprine, omeprazole. Diagnoses include lumbar radiculitis; disc protrusion of lumbar spine at L4-5 and L5-S1; stenosis of the lumbar spine; bilateral facet arthropathy of the lumbar spine; chronic sacral radiculopathy involving the S1 nerve root on the left. Treatments to date include epidural steroid injection (2013) (9/9/14) with excellent pain relief and improved function, steroid injection (9/9/14) with 50% in pain relief, non-steroidal anti-inflammatories and physical therapy which provided no lasting relief, ice. Diagnostics include electromyography revealing abnormality at L5 on the left; lumbar MRI showing protrusion at L4/5 and L5/S1. In the progress note dated 1/9/15 the treating provider noted that the injured worker has had 2 epidural steroid injections to date with near 100% relief of pain with right sided epidural and 60 % relief of pain and improvement in function with left sided epidural and is hopeful that the 3rd and final injection would be approved. In the progress note dated 1/22/15 the treating provider notes that the requested epidural steroid injection was denied and he is now requesting a neurosurgeon. On 2/9/15 Utilization review non-certified the request for left transforaminal epidural steroid injection L4-5; left transforaminal epidural steroid injection L5-S1; Fluoroscopic guidance citing MTUS: Chronic Pain medical treatment Guidelines: Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The patient presents with low back pain, rated 7/10, which radiates into the left hp, left buttock, left thigh and left leg. The request is for LEFT L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION. Physical examination on 07/18/14 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally and loss of sensation to light touch in the L-4 dermatome. Range of motion was decreased 15 degrees. Patient had ESI injections at the left L4/L5 and L5/S1 levels on 09/09/14 with 60% improvement in his pain, another on 11/13/14 at the right L4/5 and L5/S1 with near complete relief of pain, per 02/09/25 progress report. Based on the 12/11/14 progress report, patient's diagnosis include disc protrusion of the lumbar spine L4-L5 and L5-S1 per MRI of March 03, 2014, stenosis of the lumbar spine per MRI of 03/03/2014, facet atrophy of the lumbar spine bilaterally per MRI of March 03, 2014, chronic sacral radiculopathy involving the S1 nerve root of the left per EMG/nerve conduction study August 28, 2014. Per 12/03/14 progress report, patient's medications include Cyclobenzaprine and Tramadol. Per 01/22/15 proress report, patient is working normal duties. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, 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 that "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 has radicular symptoms and has had ESI injections at the left L4/L5 and L5/S1 levels with 60% improvement in his pain, another on 11/13/14 at the right L4/5 and L5/S1 with near complete relief of pain. Although the actual reports of the patient's MRI and

EMG/NCV were not provided, patient's diagnosis include disc protrusion of the lumbar spine L4-L5 and L5-S1, stenosis with facet arthropathy per MRI from 3/3/14. The treater indicates that the patient has chronic sacral radiculopathy involving the L5/S1 nerve root of the left per EMG/nerve conduction study August 28,2014. This patient presents with a clear diagnosis of radiculopathy with positive EMG and MRI findings. The patient is working full duty, and the injections appear to be working well with functional improvement. The last injections seemed to have lasted about 2 months. MTUS allow up to 4 ESI's with proven benefit. The request IS medically necessary.

Left L5-S1 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The patient presents with low back pain, rated 7/10, which radiates into the left hp, left buttock, left thigh and left leg. The request is for LEFT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION. Physical examination on 07/18/14 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally and loss of sensation to light touch in the L-4 dermatome. Range of motion was decreased 15 degrees. Patient had one ESI injection at the left L4/L5 and L5/S1 levels on 09/09/14 with 60% improvement in his pain, another on 11/13/14 at the right L4/5 and L5/S1 with near complete relief of pain, per 02/09/25 progress report. Based on the 12/11/14 progress report, patient's diagnosis include disc protrusion of the lumbar spine L4-L5 and L5-S1 per MRI of March 03, 2014, stenosis of the lumbar spine per MRI of 03/03/2014, facet atrophy of the lumbar spine bilaterally per MRI of March 03, 2014, chronic sacral radiculopathy involving the S1 nerve root of the left per EMG/nerve conduction study August 28, 2014. Per 12/03/14 progress report, patient's medications include Cyclobenzaprine and Tramadol. Per 01/22/15 progress report, patient is working normal duties. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, 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 that "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 has had ESI injections at the left L4/L5 and L5/S1 levels with 60% improvement in his pain, another on 11/13/14 at the right L4/5 and L5/S1 with near complete relief of pain. The patient has radicular symptoms and even though the actual records for patient's MRI and EMG/NCV were not provided, patient's diagnosis include disc protrusion of the lumbar spine L4-L5 and L5-S1 per MRI of March 03, 2014, stenosis of the lumbar spine per MRI of 03/03/2014, facet atrophy of the lumbar spine bilaterally per MRI of March 03, 2014, chronic sacral radiculopathy involving the S1 nerve root of the left per EMG/nerve conduction study August 28,2014. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. The request appears to be reasonable and therefore, it IS medically necessary.

Fluoroscopic Guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain, rated 7/10, which radiates into the left hp, left buttock, left thigh and left leg. The request is for FLUOROSCOPIC GUIDANCE. Physical examination on 07/18/14 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally and loss of sensation to light touch in the L-4 dermatome. Range of motion was decreased 15 degrees. Patient had one ESI injection at the left L4/L5 and L5/S1 levels on 09/09/14 with 60% improvement in his pain, another on 11/13/14 at the right L4/5 and L5/S1 with near complete relief of pain, per 02/09/25 progress report. Based on the 12/11/14 progress report, patient's diagnosis include disc protrusion of the lumbar spine L4-L5 and L5-S1 per MRI of March 03, 2014, stenosis of the lumbar spine per MRI of 03/03/2014, facet atrophy of the lumbar spine bilaterally per MRI of March 03, 2014, chronic sacral radiculopathy involving the S1 nerve root of the left per EMG/nerve conduction study August 28, 2014. Per 12/03/14 progress report, patient's medications include Cyclobenzaprine and Tramadol. Per 01/22/15 proress report, patient is working normal duties.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 electrodiagnostic 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."The patient has two ESIs approved, one at the left L4-L5 level and one at the left L5-S1 level. MTUS requires injections to be performed using fluoroscopy (live x-ray) for guidance. Therefore, the request IS medically necessary.