

Case Number:	CM15-0028235		
Date Assigned:	02/20/2015	Date of Injury:	01/02/2014
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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 39 year old male, who sustained an industrial injury on January 2, 2014. He has reported back pain with radiation to the left lower extremity. His diagnoses include lumbar disc prolapse, myofascial pain syndrome, and status post left lumbar 4-5 microdiscectomy, lumbar 4 hemilaminectomy, and left lumbar 4-5 foraminotomy. On May 8, 2014 he has been treated with, pain medication, home exercise program, and temporarily totally disability. Postoperative physical therapy was not started due to his pain. On January 2, 2014, an MRI of the lumbar spine was performed. On February 3, 2015, his treating physician reports back pain with radiation to the left leg and foot. He had some numbness and weakness of the leg. He reports the pain medication does not relieve the pain, it just relaxes him. He reports that he received no relief with two anticonvulsant medications. The lumbar exam revealed moderately decreased range of motion, positive left straight leg raise, an antalgic gait, surgical scars, normal muscle tone, pain with motion, tenderness to palpation over the surgical scar at lumbar 4-5 with positive twitch response to palpation, ventral and slightly left of central pain over the approximate area of L5/sacral 1, mild left buttock pain, and a negative Faber exam. There is decreased sensation at left hip flexion and the ankle. The treatment plan includes transforaminal epidural steroid injection with monitored anesthesia care (MAC sedation) and pre-op medical clearance. A 1/22/15 lumbar MRI revealed no obvious contact of the L5 roots and no compression of the left S1 or exited L5 roots. There is equivocal contact of the left S1 root. On February 16, 2015, the injured worker submitted an application for IMR for review of requests for a transforaminal epidural steroid injection with monitored anesthesia care (MAC sedation) at

the left L5 and left S1 for the lumbar spine, and pre-op medical clearance to include complete blood count (CBC), complete metabolic profile (CMP), urinalysis, prothrombin time (PT), partial thromboplastin time (PTT), THS, electrocardiogram (EKG), chest x-ray, 2D echocardiogram, Stress Cardiolute, and carotid Duplex exam. The transforaminal epidural steroid injection with monitored anesthesia care (MAC sedation) was non-certified based on the lack of evidence of recent physical therapy or change in medication management to address ongoing pain symptoms, and the lack of evidence of a radiculopathy on the current MRI. The pre-op medical clearance including complete blood count (CBC), complete metabolic profile (CMP), urinalysis, prothrombin time (PT), partial thromboplastin time (PTT), THS, electrocardiogram (EKG), chest x-ray, 2D echocardiogram, Stress Cardiolute, and carotid Duplex exam was non-certified based on the pre-op medical clearance is not needed as the requested transforaminal epidural steroid injection with monitored anesthesia care (MAC sedation) is non-certified. The California Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection with MAC Sedation at Left L5 and Left S1 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Transforaminal Epidural Steroid Injection with MAC Sedation at Left L5 and Left S1 for the Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation does not reveal recent findings of and L5, S1 on physical exam with corroborating findings on a lumbar MRI. The patient has also not had recent physical therapy. The request for a transforaminal epidural steroid injection with MAC Sedation at Left L5 and Left S1 for the Lumbar Spine is not medically necessary.

Pre-Op Medical Clearance to include CBC, CMP, UA, PT, PTT, THS, EKG, Chest X-Ray, 2D Echo, Stress Cardiolute, and Carotid Duplex Scan: 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.

Decision rationale: Pre-Op Medical Clearance to include CBC, CMP, UA, PT, PTT, THS, EKG, Chest X-Ray, 2D Echo, Stress Cardiolute, and Carotid Duplex Scan is not medically necessary per the MTUS Chronic Pain Medical Guidelines as it was determined that the pre op medical clearance was in preparation for the transforaminal epidural steroid Injection with MAC Sedation which was determined not to be medically necessary. Without certification of the transforaminal epidural steroid injection the request for pre-op medical clearance is not medically necessary.