

Case Number:	CM15-0029526		
Date Assigned:	02/23/2015	Date of Injury:	12/25/2003
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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 58 year old female, who sustained a work related injury on 12/25/03. The diagnoses have included lumbar disc disease, lumbar radiculopathy and degenerative osteoarthritis of both knees. Treatments to date have included oral medications including Ambien, CT lumbar spine, and physical therapy. In the PR-2 dated 1/15/15, the injured worker complains of low back pain that goes down right leg. She complains of right knee pain. She rates pain an 8/10. She has decreased sensation in right L4-5 area. She has decreased range of motion in lower back. On 1/27/15, Utilization Review non-certified requests for a right L4-S1 transforaminal injection, epidurography, monitored anesthesia care and Ambien 10mg, #30. The California MTUS, Chronic Pain Treatment Guidelines, and ODG for Ambien were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L4-S1 transforaminal injection at 2 levels: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI

Page(s): 46-47.

Decision rationale: Based on the 01/15/15 progress report supplemental provided by treating physician, the patient presents with low back pain rated 8/10 that radiates down right leg. The request is for RIGHT L4-S1 TRANSFORAMINAL INJ. AT 2 LEVELS. Patient's diagnosis per Request for Authorization form dated 01/16/15 includes lumbar disc disease, lumbar radiculopathy and low back pain. Patient's medications include Norco, Soma and Ambien. Patient's work status is not available. 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." In this case, the patient presents with low back pain with radicular symptoms and a diagnosis of radiculopathy. Physical examination to the lumbar spine on 01/15/15 revealed decreased range of motion and painful flexion and extension. Decreased sensation in the right L4 and L5 dermatomes and positive straight leg raise test on the right at 30 degrees. Per treater report dated 01/15/15, MRI shows degenerative changes and 3-4mm herniations from L3-S1. Treater has documented radiculopathy supported by physical examination and corroborated with imaging study. There is no record of prior lumbar ESI in review of medical records. The request appears reasonable and in accordance with guideline criteria. Therefore, the request IS medically necessary.

1 epidurography: 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 ESI Page(s): 46-47.

Decision rationale: Based on the 01/15/15 progress report supplemental provided by treating physician, the patient presents with low back pain rated 8/10 that radiates down right leg. The request is for 1 EPIDUROGRAPHY. Patient's diagnosis per Request for Authorization form dated 01/16/15 includes lumbar disc disease, lumbar radiculopathy and low back pain. Physical examination to the lumbar spine on 01/15/15 revealed decreased range of motion and painful flexion and extension. Decreased sensation in the right L4 and L5 dermatomes and positive straight leg raise test on the right at 30 degrees. Per treater report dated 01/15/15, MRI shows degenerative changes and 3-4mm herniations from L3-S1. Patient's medications include Norco, Soma and Ambien. Patient's work status is not available. 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." 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. In this case, treater has documented radiculopathy supported by physical examination and corroborated with imaging study. There is no record of prior lumbar ESI in review of medical records, and the request for ESI is indicated by guidelines. However, epidurography is sometimes billed separately by physicians that perform ESI's. While fluoroscopic use is recommended during epidural injections, epidurography is part of the epidural injection for contrast localization. MTUS guidelines do not discuss epidurography and should be part and parcel of routine epidural steroid injections. The request is not in line with guideline criteria, therefore the request IS NOT medically appropriate.

1 monitored anesthesia care: 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 ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under 'Epidural Steroid Injections (ESIs).

Decision rationale: Based on the 01/15/15 progress report supplemental provided by treating physician, the patient presents with low back pain rated 8/10 that radiates down right leg. The request is for 1 MONITORED ANESTHESIA CARE. Patient's diagnosis per Request for Authorization form dated 01/16/15 includes lumbar disc disease, lumbar radiculopathy and low back pain. Physical examination to the lumbar spine on 01/15/15 revealed decreased range of motion and painful flexion and extension. Decreased sensation in the right L4 and L5 dermatomes and positive straight leg raise test on the right at 30 degrees. Per treater report dated 01/15/15, MRI shows degenerative changes and 3-4mm herniations from L3-S1. Patient's medications include Norco, Soma and Ambien. Patient's work status is not available. 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. ODG-TWC, Pain (Chronic) Chapter under 'Epidural Steroid Injections (ESIs) states: "sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided". In this

case, treater has documented radiculopathy supported by physical examination and corroborated with imaging study. There is no record of prior lumbar ESI in review of medical records, and the request for ESI is indicated by guidelines. However, the ESI does not require anesthesia other than light sedation. There is no guideline support for anesthesia for this type of procedure. Therefore, the request IS NOT medically necessary.

Ambien 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 01/15/15 progress report supplemental provided by treating physician, the patient presents with low back pain rated 8/10 that radiates down right leg. The request is for AMBIEN 10MG #30. Patient's diagnosis per Request for Authorization form dated 01/16/15 includes lumbar disc disease, lumbar radiculopathy and low back pain. Physical examination to the lumbar spine on 01/15/15 revealed decreased range of motion and painful flexion and extension. Decreased sensation in the right L4 and L5 dermatomes and positive straight leg raise test on the right at 30 degrees. Per treater report dated 01/15/15, MRI shows degenerative changes and 3-4mm herniations from L3-S1. Patient's medications include Norco, Soma and Ambien. Patient's work status is not available. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" A prescription for Ambien was noted in progress report dated 01/15/15. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. The request for an additional prescription of this medication, quantity 30 does not indicate intended short-term use of this medication, and is not indicated by guidelines. Therefore, the request IS NOT medically necessary