

Case Number:	CM15-0218568		
Date Assigned:	11/10/2015	Date of Injury:	01/13/2010
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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 59 year old male who sustained an industrial injury on 01-13-2010. Medical records indicated the worker was treated by pain management for debilitating lower back pain with radiation to right lower extremities wrapping bilaterally around to the front and down into right foot and toes accompanied by foot drop. He has fallen multiple times due to inability to feel his right foot and tripping. Historically, he had a microdiscectomy about 15 years ago and had a lumbar fusion in 2013. He had a spinal cord stimulator implant and removal. He had a pain pump implant with a spinal fluid leak that caused 3 days of vomiting and dizziness and severe headaches that lasted about a month. The worker has three heart stents and is on a blood thinner. His lower back pain causes numbness in both feet. His current pain level is a 9 on a scale of 0-10 and he states his pain has increased between visits. His medications include Oxycodone, Fentanyl, Cyclobenzaprine, Plavix, Lipitor, Xanax, Altace, Cymbalta, Xetia, Wellbutrin, Nitrostat, Celebrex, and Lidoderm. Objective findings find bilateral pain over lumbar facets, pain over paraspinal muscles and pain over sacroiliac joint. There is no pain over piriformis and no pain over trochanteric bursa. There is pin over disk spaces l4-5 and L5-S2. Range of motion is abnormal due to pain in all planes of motion. Testing is limited due to apprehension, guarding, pain, and not able to perform evaluation. Extension was 20 degrees, anterior Flexion 40 degrees, right rotation 30 degrees, and left rotation 30 degrees. His diagnoses if failed back syndrome-lumbar and lumbar radiculopathy, chronic. The treatment plan includes lumbar epidural steroid injections. A request for authorization was submitted for; 1. Lumbar epidural steroid injections with MAC (monitored anesthesia care) anesthesia. 2. Outpatient surgery center. A utilization review decision 10-30-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections with MAC (monitored anesthesia care) anesthesia:
Upheld

Claims Administrator 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 (Chronic): Epidural steroid injections (ESIs) 2015 Sedation.

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

Decision rationale: The patient presents with debilitating lower back pain radiating into the bilateral lower extremities with numbness into the bilateral feet. The request is for Lumbar epidural steroid injections with MAC (monitored anesthesia care) anesthesia. The request for authorization form is dated 10/27/15. The patient is status post lumbar fusion, 2013. MRI of the lumbar spine, 09/01/15, shows at the L2-3 disc space above the fusion, the disc space is desiccated and there is a 4 mm diffuse bulge in the annulus along with right lateral spondylosis and hypertrophic facets contributing to moderate right, minimal to moderate left L3 lateral recess stenosis; at the L1-2 disc space which is desiccated and narrowed, there is a 6 mm left lateral bulge in the annulus and progressive spondylosis. Patient's assessments include failed back syndrome, lumbar; lumbar radiculopathy, chronic. Physical examination of the lumbosacral spine reveals bilateral pain over lumbar facets, pain over paraspinal muscles and pain over sacroiliac joint. Pain over disk spaces - L4-5 and L5-S1. Range of motion abnormal due to pain in all planes of motion. Testing limited due to apprehension, guarding, pain, and not able to perform evaluation. Gaeslen's test, Patrick's test and Straight leg raising test are positive. The patient's medications include Oxycodone, Fentanyl, Cyclobenzaprine, Plavix, Lipitor, Xanax, Altace, Cymbalta, Zetia, Wellbutrin, Nitrostat, Celebrex, and Lidoderm. Per progress report dated 08/31/15, the patient is permanently disabled. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Treater does not discuss the request. Given radicular symptoms documented with dermatomal distribution of pain along with physical examination findings corroborated by imaging studies, the request appears to meet MTUS guidelines indication. However, per UR letter dated 10/30/15, reviewer notes, "An LESI was performed on 7/19/10 by [REDACTED]. On 8/27/10 this individual was seen in follow-up with [REDACTED] with the complaint of continued intense low back with radiating leg pain and numbness; the provider indicated that the patient had absolutely failed conservative treatment, having tried epidurals. Subsequently, an LESI was performed on 11/14/11 followed by improved left low back pain for three weeks and improved burning, shooting pain down the left lower extremity although symptoms returned a few days after the ESI." In this case, treater does not document at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous Lumbar Epidural Steroid Injections as required by MTUS guidelines to warrant a repeat injection. Therefore, the request IS NOT medically necessary.

Outpatient surgery center: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with debilitating lower back pain radiating into the bilateral lower extremities with numbness into the bilateral feet. The request is for Outpatient surgery center. The request for authorization form is dated 10/27/15. The patient is status post lumbar fusion, 2013. MRI of the lumbar spine, 09/01/15, shows at the L2-3 disc space above the fusion, the disc space is desiccated and there is a 4 mm diffuse bulge in the annulus along with right lateral spondylosis and hypertrophic facets contributing to moderate right, minimal to moderate left L3 lateral recess stenosis; at the L1-2 disc space which is desiccated and narrowed, there is a 6 mm left lateral bulge in the annulus and progressive spondylosis. Patient's assessments include failed back syndrome, lumbar; lumbar radiculopathy, chronic. Physical examination of the lumbosacral spine reveals bilateral pain over lumbar facets, pain over paraspinal muscles and pain over sacroiliac joint. Pain over disk spaces - L4-5 and L5-S1. Range of motion abnormal due to pain in all planes of motion. Testing limited due to apprehension, guarding, pain, and not able to perform evaluation. Gaeslen's test, Patrick's test and Straight leg raising test are positive. The patient's medications include Oxycodone, Fentanyl, Cyclobenzaprine, Plavix, Lipitor, Xanax, Altace, Cymbalta, Zetia, Wellbutrin, Nitrostat, Celebrex, and Lidoderm. Per progress report dated 08/31/15, the patient is permanently disabled. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Treater does not discuss the request. It appears the treater is requesting Outpatient Surgery Center to perform the lumbar epidural steroid injection. However, the request for lumbar epidural steroid injection is not authorized. Therefore, the request IS NOT medically necessary.

