

Case Number:	CM15-0031697		
Date Assigned:	02/25/2015	Date of Injury:	04/02/2014
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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 41 year old female, who sustained an industrial injury on 4/2/14. The injured worker has complaints of back pain that radiates into both hips, buttocks and into the right lower leg to the feet and it is worse on the right. She has numbness and tingling of the feet off and on. The injured worker had a scan that is consistent with a complete anterior cruciate ligament (ACL) tear and a meniscal tear; it does disclose some degree of tricompartmental degenerative arthritis. The diagnoses have included lumbar herniated disc; lumbar degenerative disc disease and lumbar radiculopathy. The injured worker has had caudal epidural steroid injection under fluoroscopy and bilateral knee surgery. According to the utilization review performed on 1/22/15, the requested Right selective nerve root block at L5-S1; Transforaminal epidural steroid injection at L5-S1 and Fluoroscopy has been non-certified. California Medical Treatment Utilization Schedule (MTUS) (effective 7/18/09); Chronic Pain Treatment Guidelines page 46 and Epidural Injections were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right selective nerve root block at L5-S1: 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: The 1/22/15 Utilization Review letter states the Right selective nerve root block at L5/S1 requested on the 1/15/15 medical report was denied because the reviewer believes it is identical to the transforaminal epidural steroid injection at L5/S1. The UR letter provided for review did not have a rationale for denial of the transforaminal epidural injection. The 1/15/15 orthopedic report states the patient underwent a caudal ESI which did not help. The plan was for a right SNRB (unspecified nerve root). The patient had her 3rd ESI, caudal approach on 12/22/14. The 12/17/14 orthopedic report states the patient had prior PT, medications and injections with no improvement. She was recommended for a caudal epidural injection. On 8/15/14, she had her 2nd ESI, it was at the right L4/5. There were no MRIs of the lumbar spine provided for review. There were no electrodiagnostic studies provided for review. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 1/15/15 medical report states lower extremity sensation is intact to light touch bilaterally. There is no dermatomal distribution of symptoms identified. There are not imaging or electrodiagnostic reports provided to support a diagnoses of radiculopathy. The MTUS criteria for epidural injections has not been met. Additionally, the patient is reported to have failed the prior 3 ESIs, and MTUS does not recommend repeat blocks unless there is 50% reduction in pain with reduced medication intake for 6-8 weeks. The request for the Right selective nerve root block at L5/S1 IS NOT medically necessary.

Transforaminal epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The 1/22/15 Utilization Review letter states the Transforaminal epidural steroid injection at L5/S1 requested on the 1/15/15 medical report was denied but the rationale was not clear. The 1/15/15 orthopedic report states the patient underwent a caudal ESI which did not help. The plan was for a right SNRB (unspecified nerve root). The patient had her 3rd ESI, caudal approach on 12/22/14. The 12/17/14 orthopedic report states the patient had prior PT, medications and injections with no improvement. She was recommended for a caudal epidural injection. On 8/15/14, she had her 2nd ESI, it was at the right L4/5. There were no MRIs of the lumbar spine provided for review. There were no electrodiagnostic studies provided for review. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page

46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 1/15/15 medical report states lower extremity sensation is intact to light touch bilaterally. There is no dermatomal distribution of symptoms identified. There are not imaging or electrodiagnostic reports provided to support a diagnoses of radiculopathy. The MTUS criteria for epidural injections has not been met. Additionally, the patient is reported to have failed the prior 3 ESIs, and MTUS does not recommend repeat blocks unless there is 50% reduction in pain with reduced medication intake for 6-8 weeks. The request for the Transforaminal epidural steroid injection at L5/S1 IS NOT medically necessary.

Fluoroscopy: 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: Fluoroscopy was requested for guidance of the needle for the SNRB and TF epidural steroid injections. Utilization review or IMR has separated out this procedure from the ESI. MTUS recommends use of fluoroscopy guidance for epidural injections. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these Injections should be performed using fluoroscopy (live x-ray) for guidance. The guidelines support the fluoroscopy for use with epidural injections. However, in this case the MTUS criteria for epidural injections has not been met. There is no rationale for using fluoroscopy guidance without the ESI procedure. Therefore, the use of Fluoroscopy by itself IS NOT medically necessary.