

Case Number:	CM15-0031866		
Date Assigned:	02/25/2015	Date of Injury:	07/10/2007
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 53-year-old female, who sustained an industrial injury on 7/10/07. The documentation on 2/3/15 noted that the injured worker has complaints of pain radiating down to the knee and whole left leg. She reports that the pain is global-sometimes in groin, lateral and posterior and it is dull, burning, sharp and shooting pain depending on her activities. She reports some leg weakness and loss of sensation. The diagnoses have included osteoarthritis of the left hip and pain in joint lower leg-left knee. Treatment to date has included L2-S1 lumbar decompression in 5/2013; spine injections L2, L4, L4 in 10/14/13 with pain improvement from 30-50%; spine injection 3/2014 with no pain relief; physical therapy and medications. Left hip X-rays 12/2014 showed maintained joint spaces, mild osteophytes in medial and lateral compartments and mild osteoarthritis. According to the utilization review performed on 1/27/15, the requested Transforaminal epidural steroid injection Left L2-L3 QTY: 1; Transforaminal epidural steroid injection left L4-L5 QTY: 1; Lumbar Epidurogram QTY: 1; Lumbar Epidurogram QTY: 1; Contrast dye; intravenous sedation and Fluoroscopic guidance has been non-certified. California Medical Treatment Utilization Schedule (MTUS) Guidelines for 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:

Transforaminal epidural steroid injection Left L2-L3 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Criteria for the use of Epidural steroid injections.

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

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation indicating any objective functional gains or reduction in medication use from previous epidural injection therapy. Medical necessity for the requested left L2-L3 transforaminal ESI under fluoroscopic guidance has not been established. The requested procedure is not medically necessary.

Transforaminal epidural steroid injection left L4-L5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation indicating any objective functional gains or reduction in medication use from previous epidural injection therapy. Medical necessity of the requested left L4-L5 transforaminal ESI under fluoroscopic guidance has not been established. The requested procedure is not medically necessary.

Lumbar Epidurogram QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <http://www.ncbi.nlm.nih.gov>.

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

Decision rationale: The documentation did not indicate functional gains or reduction in medication use from prior epidural steroid injections. Given the non-certification of the requested left L2-L3 and left L4-L5 transforaminal ESIs, the requested lumbar epidurogram(s) is/are not medically necessary.

Contrast dye: Upheld

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

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

Decision rationale: The documentation did not indicate functional gains or reduction in medication use from prior epidural steroid injections. Given the non-certification of the requested left L2/L3 and left L4/L5 transforaminal ESIs, the requested contrast dye is not medically necessary.

Fluoroscopic guidance: Upheld

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

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

Decision rationale: The documentation did not indicate functional gains or reduction in medication use from prior epidural steroid injections. Given the non-certification of the requested left L2-L3 and left L4-L5 transforaminal ESIs, the requested fluoroscopic guidance is not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural steroid injections (ESIs).

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

Decision rationale: The documentation did not indicate functional gains and reduction in medication use from prior epidural steroid injections. Given the non-certification of the requested left L2-L3 and left L4-L5 transforaminal ESIs, the requested IV sedation is not medically necessary.