

Case Number:	CM15-0032646		
Date Assigned:	02/26/2015	Date of Injury:	08/01/2002
Decision Date:	04/10/2015	UR Denial Date:	01/25/2015
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: California, Hawaii
 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 54 year old male, who sustained an industrial injury on 08/01/2002. The diagnoses have included chronic pain from both neck and lower back. Noted treatments to date have included epidural steroid injections, bilateral transforaminal blocks, dorsal column stimulator, and medications. No MRI report noted in received medical records. In a progress note dated 11/24/2014, the injured worker presented with complaints of neck and lower back pain. The treating physician reported that the injured worker's radiation down to the fingers has gotten worse since his last injection. Utilization Review determination on 01/23/2015 non-certified the request for Caudal Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopy, Transforaminal Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopy, and Sedation, moderate citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal LESI L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections (ESIs).

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

Decision rationale: The patient presents with chronic pain from both neck and lower back. Noted treatments to date have included ESI, bilateral transforaminal blocks, dorsal column stimulator and medications. In the 11/24/14 treating report, the treating physician reported that the injured worker's radiation down to the fingers has gotten worse since his last injection. The current request is for 1. Caudal LESI L5-S1 under fluoroscopy. The UR denied the request based upon a lack of clinical history documenting the patient's success with prior ESI. The treating physician states on 1/8/14 (18B) in his Letter of Appeal for the proposed treatment, "please review the attached notes describing the failed back surgeries and continued pain that is relieved by these epidurals which have also been done in the past with success." The additional 19 pages of clinical history provided in the appeal go on to document that the injured worker's response to ESI in the past "has been very positive. He has gotten 7-8 months of good relief both from the cervical and lumbar injections." The treating physician then lays out the treatment plan as "PLAN: 1. Request a lumbar epidural steroid injection caudal and transforaminal." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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 clinical history provided falls short of MTUS Guidelines. The clinical documentation does document a history of successful treatment with prior ESIs. However, the clinical history does not document at least 50% pain relief nor does physical examination document radicular pain and the radicular pain is thus not corroborated by diagnostic imaging/testing. Additionally, the clinical history does not document radicular pain, which was initially unresponsive to conservative treatment. Thus, the requested treatment is not medically necessary based upon MTUS Guidelines. Recommendation is for denial.

Transforaminal LESI L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The patient presents with chronic pain from both neck and lower back. Noted treatments to date have included ESI, bilateral transforaminal blocks, dorsal column stimulator and medications. In the 11/24/14, treating report the treating physician reported that the injured worker's radiation down to the fingers has gotten worse since his last injection. The current request is for Transforaminal LESI L5-S1 under fluoroscopy. The UR denied the request based upon a lack of clinical history documenting the patient's success with prior ESI. The

treating physician states on 1/8/14 (18B) in his Letter of Appeal for the proposed treatment, "please review the attached notes describing the failed back surgeries and continued pain that is relieved by these epidurals which have also been done in the past with success." The clinical history goes on to document that the injured worker's response to ESI in the past has been very positive. He has gotten 7-8 months of good relief both from the cervical and lumbar injections. He would like to hold off on the lumbar and cervical injections until it has been a year and he does not want to request having any more than once a year despite the fact that his pain medication usage has gone up. PLAN: 1. Request a lumbar epidural steroid injection caudal and transforaminal. MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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 clinical history provided falls short of MTUS Guidelines. The clinical documentation does document a history of successful treatment with prior ESIs. However, the clinical history does not document at least 50% pain relief nor does physical examination document radicular pain and the radicular pain is thus not corroborated by diagnostic imaging/testing. Additionally, the clinical history does not document radicular pain, which was initially unresponsive to conservative treatment. Thus, the requested treatment is not medically necessary based upon MTUS Guidelines. Recommendation is for denial.

Related to ESIs: Sedation, moderate: 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 (ESIs) Page(s): 46.

Decision rationale: The patient presents with chronic pain from both neck and lower back. Noted treatments to date have included ESI, bilateral transforaminal blocks, dorsal column stimulator and medications. In the 11/24/14, treating report the treating physician reported that the injured worker's radiation down to the fingers has gotten worse since his last injection. The current request is for "Related to ESIs: Sedation, moderate." The treating physician states on 1/8/14 (18B) in his Letter of Appeal for the proposed treatment, "please review the attached notes describing the failed back surgeries and continued pain that is relieved by these epidurals which have also been done in the past with success." The clinical history goes on to document that the injured worker's response to ESI in the past "has been very positive. He has gotten 7-8 months of good relief both from the cervical and lumbar injections. He would like to hold off on the lumbar and cervical injections until it has been a year and he does not want to request having any more than once a year despite the fact that his pain medication usage has gone up. PLAN: 1. Request a lumbar epidural steroid injection caudal and transforaminal." In this case, it is unclear what method of sedation the treating physician would purport to treat the injured worker. Due to the lack of specificity in the request specifically what sort of sedation is requested the

request cannot be deemed medically necessary. Additionally, given the ESIs are not medically necessary based upon MTUS Guidelines the request for sedation, moderate request is additionally not medically necessary. Therefore, recommendation is for denial.