

Case Number:	CM15-0041201		
Date Assigned:	03/11/2015	Date of Injury:	09/29/1994
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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 69-year-old female injured worker suffered an industrial injury on 9/29/1994. The diagnoses were cervical discogenic disease, lumbar discogenic disease. The diagnostic studies were lumbar and cervical magnetic resonance imaging. The treatments were epidural steroid injections, lumbar laminectomy, and medications. The treating provider reported more back and neck pain 5/10. On exam, there was severe back and neck pain with reduced range of motion with impaired gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (epidural steroid injections) under Fluoroscopy L4-L5 QTY: 1: Upheld

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

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

Decision rationale: The patient presents with chronic neck and low back pain. The current request is for ESI under Fluoroscopy L4-L5 Qty: 1. The treating physician states, "Today I am requesting lumbar epidural steroid at L3-L4 and L4-L5. I have decreased her narcotics down to an acceptable level still high, but she still has ongoing chronic neck and back pain. She will have that because she is essentially a failed back. However, the cervical epidural did knock the pain down from an 8 down to a 2 and now it is back up to a 5, but this is much better than it was. Lumbar epidural pain, I hope, will be as beneficial as cervical with epidural to bring her pain down to a more reasonable level." (B.23) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, there is no diagnostic imaging/testing that corroborates radiculopathy in this patient. The imaging shows lumbar x-rays that show normal structure of the lumbar spine, but I do not have a lumbar MRI available to me at this time. (B.23) The patient does have consistent back pain but no indication in the physical exam for radicular pain. The MTUS guidelines are specific that radiculopathy must be documented in the physical exam and imaging/testing must corroborate radiculopathy to recommend ESI. There is no such information found in the records provided. The current request is not medically necessary and the recommendation is for denial. The patient presents with chronic neck and low back pain. The current request is for ESI L3-L4 under Fluoroscopy L3-L4 QTY: 1. The treating physician states, "Today I am requesting lumbar epidural steroid at L3-L4 and L4-L5. I have decreased her narcotics down to an acceptable level still high, but she still has ongoing chronic neck and back pain. She will have that because she is essentially a failed back. However, the cervical epidural did knock the pain down from an 8 down to a 2 and now it is back up to a 5, but this is much better than it was. Lumbar epidural pain, I hope, will be as beneficial as cervical with epidural to bring her pain down to a more reasonable level." (B.23) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, there is no diagnostic imaging/testing that corroborates radiculopathy in this patient. The imaging shows lumbar x-rays that show normal structure of the lumbar spine, but I do not have a lumbar MRI available to me at this time. (B.23) The patient does have consistent back pain but no indication in the physical exam for radicular pain. The MTUS guidelines are specific that radiculopathy must be documented in the physical exam and imaging/testing must corroborate radiculopathy to recommend ESI. There is no such information found in the records provided. The current request is not medically necessary and the recommendation is for denial.

ESI (epidural steroid injections) L3-L4 under Fluoroscopy QTY: 1: 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 patient presents with chronic neck and low back pain. The current request is for ESI L3-L4 under Fluoroscopy L3-L4 QTY: 1. The treating physician states, "Today I am requesting lumbar epidural steroid at L3-L4 and L4-L5. I have decreased her narcotics down to an acceptable level still high, but she still has ongoing chronic neck and back

pain. She will have that because she is essentially a failed back. However, the cervical epidural did knock the pain down from an 8 down to a 2 and now it is back up to a 5, but this is much better than it was. Lumbar epidural pain, I hope, will be as beneficial as cervical with epidural to bring her pain down to a more reasonable level." (B.23) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, there is no diagnostic imaging/testing that corroborates radiculopathy in this patient. The imaging shows lumbar x-rays that show normal structure of the lumbar spine, but I do not have a lumbar MRI available to me at this time. (B.23) The patient does have consistent back pain but no indication in the physical exam for radicular pain. The MTUS guidelines are specific that radiculopathy must be documented in the physical exam and imaging/testing must corroborate radiculopathy to recommend ESI. There is no such information found in the records provided. The current request is not medically necessary and the recommendation is for denial.

Outpatient facility visit QTY: 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, pg 127 for specialty referral.

Decision rationale: The patient presents with chronic neck and low back pain. The current request is for Outpatient facility visit QTY: 2. The treating physician states, "Today I am requesting lumbar epidural steroid at L3-L4 and L4-L5. I have decreased her narcotics down to an acceptable level still high, but she still has ongoing chronic neck and back pain. She will have that because she is essentially a failed back. However, the cervical epidural did knock the pain down from an 8 down to a 2 and now it is back up to a 5, but this is much better than it was. Lumbar epidural pain, I hope, will be as beneficial as cervical with epidural to bring her pain down to a more reasonable level." (B.23) The ACOEM guidelines page 127 supports specialty referral when additional expertise is required for treatment, diagnosis or prognosis is required. In this case, based on the documentation provided the patient does not qualify for the epidural steroid injections, thus rendering this request for outpatient facility for the injections not medically necessary. The current request is recommended for denial.