MAXIMUS Federal Services

Case Number:	CM15-0055303		
Date Assigned:	03/30/2015	Date of Injury:	12/04/2013
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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 26-year-old female, with a reported date of injury of 12/04/2013. The diagnoses include lumbar lumbosacral degeneration, lumbar disc displacement without myelopathy, sciatica, and chronic low back pain with right lumbar radiculopathy. Treatments to date have included acupuncture, physical therapy, psychological treatment, oral medication, chiropractic care, an MRI of the lumbar spine, and topical pain medication.The progress report dated 02/18/2015 indicates that the injured worker completed the functional restoration program on 02/13/2015. She reported some improvements in her ability to cope with her chronic pain. The injured worker continued to have moderate to severe low back pain that radiated into the legs. She indicated that she would like to trial a lumbar epidural steroid injection, which could possibly help with her pain in addition to her independent exercise program. The objective findings include tenderness to palpation of the lower lumbar paraspinal muscles, limitation of both lumbar flexion and extension, positive bilateral straight leg raise test, decreased sensation on light touch in the bilateral L5 and S1 distributions, and a non-antalgic gait. The treating physician requested bilateral transforaminal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection, each additional level, lumbar epidurogram, fluorosopic guidance, contrast dye: Upheld

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

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

Decision rationale: The patient was injured on 12/04/13 and presents with low back pain which radiates to her legs. The request is for bilateral transforaminal lumbar epidural steroid injection, each additional level, lumbar epidurogram, fluoroscopic guidance, contrast dye (level of injection not indicated). The RFA is dated 02/19/15 and the patient's work status is listed as "no repetitive bending/twisting at the waist. No lifting greater than 10 lbs from floor to waist or waist to shoulder. No prolonged standing or sitting for greater than 10 minutes with allowance to alternate between sitting and standing as needed." Review of the reports provided does not indicate if the patient had a prior ESI to her lumbar spine. In regards to epidural steroid injections, MTUS Chronic Pain Medical Treatment Guidelines page 46-47 has the following criteria under its chronic pain section: "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 used for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The 02/18/15 report states that the patient has "lower back pain that radiates to the right lower extremity, along with posterior lateral aspect of the thigh and calf, into the sole of the right foot. She still has difficulty with prolonged sitting and standing." She has tenderness to palpation of the lower lumbar paraspinal muscles, worse on the right than the left. She has limitation of both lumbar flexion and extension. Straight leg raising test was positive bilaterally, worse on the right than the left. She has decreased sensation on light touch in the bilaterally L5 and S1 distributions, more dense on the right. The patient is diagnosed with lumbar lumbosacral degeneration, lumbar disc displacement without myelopathy, sciatica, and chronic low back pain with right lumbar radiculopathy. The 06/26/14 MRI of the lumbar spine revealed a disc extrusion at L4-5 and L5-S1, with clinical right lumbar radiculopathy. Given the patient's clear radicular symptoms, exam findings, and MRI findings, a trial of Lumbar ESI appears reasonable. However, the levels for which this injection to occur at is not mentioned. MTUS does not support more than 2 level injection. Furthermore, the request is also for an "epidurogram," which is not a needed service for a transforaminal ESI. The requests ARE 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), Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Epidural Steroid Injections.

Decision rationale: The patient was injured on 12/04/13 and presents with low back pain which radiates to her legs. The request is for IV sedation. The RFA is dated 02/19/15 and the patient's work status is listed as "no repetitive bending/twisting at the waist. No lifting greater than 10 lbs from floor to waist or waist to shoulder. No prolonged standing or sitting for greater than 10 minutes with allowance to alternate between sitting and standing as needed." ODG Guidelines Pain Chapter under Epidural Steroid Injections states the following: "There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation." The 02/18/15 report states that the patient has "lower back pain that radiates to the right lower extremity, along with posterior lateral aspect of the thigh and calf, into the sole of the right foot. She still has difficulty with prolonged sitting and standing." She has tenderness to palpation of the lower lumbar paraspinal muscles, worse on the right than the left. She has limitation of both lumbar flexion and extension. Straight leg raising test was positive bilaterally, worse on the right than the left. She has decreased sensation on light touch in the bilaterally L5 and S1 distributions, more dense on the right. The patient is diagnosed with lumbar lumbosacral degeneration, lumbar disc displacement without myelopathy, sciatica, and chronic low back pain with right lumbar radiculopathy. ODG Guidelines do not seem to support IV sedation for ESI's. Furthermore, the requested lumbar spine epidural steroid injection has been denied. Therefore, the requested IV sedation IS NOT medically necessary.

Contrast dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/putmed/18227326.

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

Decision rationale: The patient was injured on 12/04/13 and presents with low back pain which radiates to her legs. The request is for contrast dye. The RFA is dated 02/19/15 and the patient's work status is listed as "no repetitive bending/twisting at the waist. No lifting greater than 10 lbs from floor to waist or waist to shoulder. No prolonged standing or sitting for greater than 10 minutes with allowance to alternate between sitting and standing as needed." In regards to epidural steroid injections, MTUS Chronic Pain Medical Treatment Guidelines page 46-47 has the following criteria under its chronic pain section: "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 used for six to eight weeks, with a general recommendation of no more than 4 blocks

per region per year. The 02/18/15 report states that the patient has "lower back pain that radiates to the right lower extremity, along with posterior lateral aspect of the thigh and calf, into the sole of the right foot. She still has difficulty with prolonged sitting and standing." She has tenderness to palpation of the lower lumbar paraspinal muscles, worse on the right than the left. She has limitation of both lumbar flexion and extension. Straight leg raising test was positive bilaterally, worse on the right than the left. She has decreased sensation on light touch in the bilaterally L5 and S1 distributions, more dense on the right. The patient is diagnosed with lumbar lumbosacral degeneration, lumbar disc displacement without myelopathy, sciatica, and chronic low back pain with right lumbar radiculopathy. Since the requested lumbar spine epidural steroid injection has been denied, the requested contrast dye IS NOT medically necessary.