

Case Number:	CM15-0056649		
Date Assigned:	04/01/2015	Date of Injury:	10/22/2012
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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 56-year-old male, who sustained an industrial injury on 10/22/2012. He reported low back pain. The injured worker was diagnosed as having lumbar post laminectomy syndrome, low back pain, disc herniation with myelopathy, and lumbar spondylosis. Treatment to date has included medications, bilateral lumbar facet block and sacroiliac joint block, lumbar select nerve root block, and lumbar fusion. On 12/16/2014, he was seen for low back pain with radiation into the legs and feet. He reports his pain level as 6/10 on a pain scale. On 2/10/2015, he is seen for persistent low back pain with radiation into the legs. His pain is rated as 7/10 on a pain scale. He reports not being able to decrease his pain with medications, and indicates he has increased the use of pain medications. The treatment plan included: right L2 selective nerve root block, surgical consultation, maintain current medications and follow-up in one month. The request is for selective nerve root block at right L2 under fluoroscopy under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block, Right (lumbar) L2, under fluoroscopy under sedation: 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 based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) chapter, under 'Epidural Steroid Injections (ESIs) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural Steroid Injections (ESIs), Therapeutic."

Decision rationale: Based on the 02/10/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 radiating into legs. The request is for Selective Nerve Root Block Right (Lumbar) L2, Under Fluoroscopy under Sedation. Patient is status post lumbar fusion 2001. Patient's diagnosis per Request for Authorization form dated 03/03/15 includes lumbar post laminectomy syndrome, and low back pain. Diagnosis on 02/10/15 included disc herniation with myelopathy and lumbar spondylosis. Physical examination to the lumbar spine on 02/10/15 revealed pain on palpation over the right L2 distribution. Right leg hyperpathia and weak right toe stand. Patient had lumbar select nerve root block 08/20/13 and bilateral lumbar facet block and sacroiliac joint block 12/04/14. Patient medications include Soma, Lisinopril, Levoxyl, Imetrex, Simvastatin, Fluticasone Propionate, Meloxicam, Norco, and MS ER. Treater states patient is not able to decrease medication use due to persistent pain level. The patient is currently working with restrictions, per 02/10/15 treater report. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a, "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. For repeat ESI, MTUS states, "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." ODG-TWC, Pain (Chronic) Chapter under 'Epidural Steroid Injections (ESIs) states: "...sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor (Manchikanti, 2012)." In this case, patient's low back symptoms are not supported by physical examination findings supporting radiculopathy; nor have imaging or electrodiagnostic studies been provided or discussed. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient had prior lumbar select nerve root block in 08/20/13; and a repeat injection would not be supported by MTUS, without documentation of significant improvement lasting at least 6-8 weeks. Furthermore, the patient is status post lumbar fusion, 2001; and ODG does not recommend postoperative lumbar ESI. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.