MAXIMUS Federal Services

Case Number:	CM15-0086629		
Date Assigned:	05/13/2015	Date of Injury:	01/21/2015
Decision Date:	06/17/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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 57-year-old female with an industrial injury dated 1/21/2015. The injured worker's diagnoses include lumbar spondylosis with anterolisthesis and central spinal stenosis. Treatment consisted of X-rays, Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/23/2015, prescribed medications, 6 physical therapy sessions and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported low back pain and bilateral lower extremities pain with numbness and tingling and proximal radiation of lumbar spine to thoracic and cervical spine. Objective findings revealed spasm and guarding at the base of the lumbar spine, tenderness in the thoracic and cervical spine. The treating physician reported that the MRI of the lumbar spine dated 2/23/2015 revealed two level anterolisthesis with moderate spinal stenosis at L4-L5. The treating physician prescribed services for bilateral L5 transforaminal injection, bilateral transforaminal lumbar epidural steroid injection (ESI), and one Lumbar epidurogram with fluoroscopic guidance now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal injection times one: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with pain affecting the bilateral lower extremities and low back with radiation to the thoracic and cervical spine. The current request is for Bilateral L5 transforaminal injection times one. The treating physician report dated 3/30/15 states, "Given her failure to make progress with conservative treatment and given the findings on MRI examination, I do think she should undergo a trial of lumbar epidural steroid injection." The report goes on to state, "we do want to avoid recommending any interventional treatment for this patient such as spinal surgery." I did note some findings on physical examination consistent with motor radiculopathy, and of course, we do have the MRI examination showing two-level anterolisthesis with moderate spinal stenosis at L4-L5." The MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do not show that the patient has received a previous ESI at the L5 level. In this case, the patient presents with low back pain that "radiates to the buttocks bilaterally and down the posterolateral portion of the bilateral lower extremities with numbness, tingling, and burning sensation to the ankles." Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 2/23/15, showing moderate central canal stenosis at L4-L5. The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is medically necessary.

Bilateral transforaminal lumbar ESI, each additional level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with pain affecting the bilateral lower extremities and low back with radiation to the thoracic and cervical spine. The current request is for Bilateral transforaminal lumbar ESI, each additional level. The treating physician report dated "Given her failure to make progress with conservative treatment and given the findings on MRI examination, I do think she should undergo a trial of lumbar epidural steroid injection." The report goes on to state, ""we do want to avoid recommending any interventional treatment for this patient such as spinal surgery". I did note some findings on physical examination consistent with motor radiculopathy, and of course we do have the MRI examination showing two-level anterolisthesis with moderate spinal stenosis at L4-L5." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more

than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do not show that the patient has received a previous ESI at any levels. In this case, while the patient presents with low back pain and radiculopathy corroborated by an MRI dated 2/23/15, the current request do not specify when these additional levels are to be injected and the guidelines do not recommend more than one interlaminar level to be injected at one session. Furthermore, the MRI only corroborated radiculopathy at the L4-5 levels. The current request does not satisfy the MTUS guidelines as outlined on page 46. Recommendation is not medically necessary.

Lumbar epidurogram times one with fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nl,.nih.gov/pubmed/10319985.

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

Decision rationale: The patient presents with pain affecting the bilateral lower extremities and low back with radiation to the thoracic and cervical spine. The current request is for Lumbar epidurogram times one with fluoroscopic guidance. The treating physician report dated 4/17/15 (18B) states, "Regarding the lumbar epidurogram, fluoroscopic guidance and IV sedation, please acknowledge that these procedures would occur during the lumbar epidural steroid injection which is warranted with the guidelines." The MTUS guidelines state the following: "Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance." In this case, the request for an ESI at the L5 level is recommended therefore an epidurogram with fluoroscopic guidance is recommended. The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is medically necessary.