MAXIMUS Federal Services

Case Number:	CM14-0126595		
Date Assigned:	09/16/2014	Date of Injury:	10/13/2001
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 58 year old female with complaints of low back pain and lower extremity pain. The date of injury is 10/13/01 and the mechanism of injury is impact injury (metal cabinet fell on top of her) leading to her current symptoms. At the time of request for 1. Bilateral L4 and L5 transforaminal epidural steroid injections 2. Translaminar epidural steroid injection with epidurogram 3. Fluoroscopy, there is subjective (low back pain, lower extremity pain) and objective (bilateral lumbosacral tenderness and spasm, Right greater than left piriformis and sacroiliac joint tenderness) findings, imaging findings (Xrays of lumbar spine 2012 shows lumbar fusion hardware at L4 thru S1 with narrowing at L3/4, Xrays of cervical spine 2012 shows fusion C5 thru C7 with subluxation C7 over T1), diagnoses (s/p cervical fusion, s/p lumbar fusion, chronic low back and leg pain, s/p right shoulder surgery, lumbar neuritis/radiculitis), and treatment to date (surgery cervical and lumbar spine, medications, physical therapy, epidural steroids, botox). Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in regards to epidural steroids. Transforaminal epidural injections are the technique of choice in the setting of previous fusion. Fluoroscopy is mandatory in order to deliver steroids and other medications to the epidural space safely and with a higher percentage of success. Studies have shown a significant reduction in complications and increase in patient outcomes with the addition of fluoroscopy to extradural and paravertebral injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 & L5 transforaminal epidural steroid injection (ESI): Overturned

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

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

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. This patient has clinical findings of L4,L5 radiculopathy/radicular pain. Therefore, it is my opinion that an L4/5,L5/S1 transforaminal epidural steroid injection under fluoroscopy is appropriate and medically necessary.

Lumbar interlaminar ESI with epidurogram: Upheld

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

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

Decision rationale: Transforaminal epidural injections are the technique of choice in the setting of previous fusion. The target levels are L4,L5 and due to the posterior fusion the epidural space has been violated, epidural fibrosis is present, and a translaminar approach carries a high risk of dural puncture. Therefore, the request for translaminar approach lumbar epidural is not medically necessary.

Fluoroscopy: Overturned

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 Page(s): 46.

Decision rationale: Fluoroscopy is mandatory in order to deliver steroids and other medications to the epidural space safely and with a higher percentage of success. Studies have shown a significant reduction in complications and increase in patient outcomes with the addition of fluoroscopy to extradural and paravertebral injections. Therefore, the request for fluoroscopy is medically necessary.