

Case Number:	CM14-0140959		
Date Assigned:	09/10/2014	Date of Injury:	08/12/2013
Decision Date:	10/28/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 59-year-old female with a reported date of injury on 08/12/2013. The mechanism of injury was noted to be from a pushing injury. Her diagnoses were noted to include lumbar multiple disc herniation, lumbar spine discopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Her previous treatments were noted to include physical therapy, chiropractic manipulation, medication, rest, and home exercise program. The electromyography test performed 03/28/2014 revealed a normal electromyography of the bilateral lower extremities with no findings to suggest the presence of an active or chronic denervation in the bilateral lumbar myotomes tests. The findings did not support a diagnosis of motor radiculopathy in any of the nerve roots tested. An MRI of the lumbar spine performed on 04/04/2014 revealed L4-5 disc level showed dehiscence of the nucleus pulposus with a 4 mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Moderate bony hypertrophy of the articular facets was present, moderate lateral recess stenosis was present bilaterally. The L5-S1 disc level showed dehiscence of the nucleus pulposus with a 2 mm posterior disc protrusion that indented the anterior portion of the lumbosacral sac. There was mild bony hypertrophy of the articular facets present with a mild lateral recess stenosis present bilaterally. The progress note dated 06/30/2014 revealed complaints of pain to the lumbar spine rated 8/10 with a constant sharp pain that radiated to the bilateral legs, left greater than right with numbness and tingling. The lumbar spine examination revealed a spasm to the lumbar spine paravertebral muscles with facet tenderness at the L4 through S1. There was a positive sacroiliac tenderness, Fabere's/Patrick's test, sacroiliac thrust test, and Yeoman's test bilaterally. The sciatic nerve root tension tests were positive with the bilateral straight leg raise. There was decreased range of motion to the lumbar spine. The sensory examination revealed a decreased sensation to the bilateral L4 and L5 dermatomes. The lower extremity muscle testing revealed

weakness rated 4/5 to the L4-5 bilaterally. The deep tendon reflexes were noted to be 1+ to the right knee and 2+ to the left knee and bilateral ankles. The progress note dated 07/02/2014 revealed complaints of low back pain that extended down the sacrum and bilateral lower extremities. The injured worker also complained of right knee pain rated 7/10. The physical examination of the lumbar spine revealed limited range of motion, paraspinal muscle tenderness and positive spasms with a positive straight leg raise. The request for authorization form dated 07/22/2014 was for a bilateral L5-S1 selective nerve root block with catheterization along with bilateral L4-5 transforaminal epidural injection due to radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 selective nerve root block, with catheterization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation online article www.ncbi.nlm.nih.gov/pubmed/11915072

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

Decision rationale: The request for Bilateral L5-S1 selective nerve root block, with catheterization is not medically necessary. The injured worker has low back pain that extends down to the sacrum and back and bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected during transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. The injured worker complains of radicular pain and has clinical findings with corroborated imaging of radiculopathy. However, the guidelines recommend no more than 2 nerve root levels to be injected at 1 time using fluoroscopy, not catheterization. Additionally, the request was shown to have been approved with modification. Therefore, the request is not medically necessary.

Bilateral L4-5 TFESI (transforaminal epidural steroid injection): 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for Bilateral L4-5 TFESI (transforaminal epidural steroid injection) is not medically necessary. The injured worker has low back pain that extends down to the sacrum and back and bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected during transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. The injured worker complains of radicular pain and has clinical findings with corroborated imaging of radiculopathy. However, the guidelines recommend no more than 2 nerve root levels to be injected at 1 time using fluoroscopy. Additionally, the request was shown to have been approved with modification. Therefore, the request is not medically necessary.