

Case Number:	CM14-0166247		
Date Assigned:	10/13/2014	Date of Injury:	07/23/2011
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management and is licensed to practice in California. 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 52-year-old male who sustained industrial-related injuries on July 23, 2011 while performing his usual and customary duties. He is being seen for his complaints of chronic low back pain with radiation to the bilateral lower extremities with numbness, tingling, and weakness. The progress report dated February 27, 2014 noted complaints of constant low back pain making it difficult to perform activities of daily living and unstable gait. The report also noted the injured worker "had an epidural in 2011 and that gave him 50% relief for over 6 weeks." Authorization for lumbar epidural steroid injection of L4-L5 was recommended and approved. On March 17, 2014, the injured worker underwent an epidural steroid injection under fluoroscopic guidance at L4-L5. The progress report dated April 22, 2014 noted the injured worker "has had some improvement following the recent lumbar epidural steroid injection." The physical exam during this evaluation noted tenderness over the upper, mid, and low paravertebral muscles, restricted ranges of motion in all planes, and increased pain with lumbar extension. On May 7, 2014, the injured worker complained of persisting low back pain radiating into the left hip. The physical exam findings were significant for difficulty with heel-to-toe walk, tenderness and spasms over the paralumbar muscles, restricted ranges of motion, positive straight leg raise test, and absent lower extremity deep tendon reflexes absent at the knees. The magnetic resonance imaging of the lumbar spine dated May 20, 2014 revealed a 5-mm right central lateral recess broad-based extrusion which mildly displaces the right S1 budding nerve root in the right lateral recess at L5-S1, and a 4-mm to 5 mm left greater than right asymmetric disc bulge which mildly flattens the anterior thecal sac at L4-L5. As per the August 14, 2014 progress report, the right L4-L5, L5-S1 lumbar epidural steroid injection was requested based on the fact that the injured worker's symptoms of daily low back is getting worse making it difficult to perform daily activities of daily living. The injured worker requested for intravenous sedation because of fear

of spinal cord injection. During this time, the injured worker was instructed to continue with his medications. On September 9, 2014, the injured worker demonstrated tenderness over the upper, mid, and lower paravertebral muscles. Low back ranges of motion were restricted with increased pain during motion. A patchy decrease of sensation in the bilateral lower extremities most notably in the bilateral L5 distribution and mild weakness in the right extensor hallucis longus and tibialis anterior were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L4-L5 Transforaminal Steroid Injection, per PR2 dated 08/14/2014: 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 Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs)

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, if an epidural steroid injection is used for diagnostic purposes, a maximum of two 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 one to two weeks between the injections. In this case, the injured worker had recently undergone an epidural steroid injection under fluoroscopic guidance at L4-L5 on March 17, 2014 and the follow-up report on April 22, 2014 only noted some improvement following the recent lumbar epidural steroid injection. The documentation provided did not indicate that the procedure had provided significant benefit from a pain relief standpoint and the duration of the relief was not also significant as he continued to demonstrate persistent low back pain and restrictions. A repeat injection therapy is only indicated with documented improvement of 50% pain relief, six to eight weeks with supportive documentation of reduction in the use of medications and improved function. That was not evident in this case. Therefore, the medical necessity of right L4-L5 transforaminal steroid injection dated 08/14/2014 is determined to be not medically necessary at this time.

1 Right L5-S1 Transforaminal Steroid Injection, per PR2 dated 08/14/2014:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs)

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, if an epidural steroid injection is used for diagnostic purposes, a maximum of two 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 one to two weeks between the injections. In this case, the injured worker had an epidural in 2011 and that gave him 50% relief for over 6 weeks as per the documentation available. In this case, there is no clear evidence that the injured worker had effected such pain relief from these prior injections and to what spinal levels were these injections performed. Further, it is unclear whether the request for a right L5-S1 transforaminal steroid injection is a second injection given that the injured worker has had prior injections in the lumbar spine in 2011 at unknown levels. A repeat injection therapy is only indicated with documented improvement of 50% pain relief, six to eight weeks with supportive documentation of reduction in the use of medications and improved function. That was not evident in this case. Therefore, the medical necessity of right L5-S1 transforaminal steroid injection dated 08/14/2014 is determined to be not medically necessary at this time.

Epidurography, per PR-2 dated 08/14/2014 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/10319985, AJNR Am J Neuroradiol. 1999 Apr;20(4):697-705

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that epidural steroid injection should be done under fluoroscopic guidance. Injection of contrast to confirm needle placement, and the absence of vascular injection, is a part of the epidural injection. A separate epidurogram procedure/report is not needed as the requested transforaminal steroid injection is deemed not medically necessary. Therefore, the epidurography dated 08/14/2014 is determined to be not medically necessary.

Monitored anesthesia care, per PR-2 dated 08/14/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: The Official Disability Guidelines indicate use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can interfere with an accurate diagnosis. Monitored anesthesia care is not medically necessary because the right L4-L5 and L5-S1 transforaminal steroid injections dated 08/14/2014 are deemed not medically necessary. Therefore, the medical necessity for monitored anesthesia care dated 08/14/2014 is determined to be not medically necessary at this time.