

<b>Case Number:</b>	CM14-0210487		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 & Rehabn

### 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 patient is a 60 year old female with an injury date of 01/06/09. Based on the progress report dated 11/06/14, the patient complains of increased pain in the lower back. She has decreased range of motion in the lumbar spine and decreased sensation in left L4 dermatome. In progress report dated 08/14/14, the patient complains of left knee pain. In progress report dated 09/02/14, the patient complains of low back pain and bilateral knee pain. Physical examination reveals decreased range of motion, antalgic gait, and tenderness and spasm in the lumbar spine. The patient is taking Tramadol for pain relief, as per progress report dated 11/06/14. The patient had synvisc injection in the bilateral knees, as per progress report dated 09/02/14. She had also used the TENS unit, as per progress report dated 04/01/14. In progress report dated 02/25/14, the patient says that the H-wave unit offers significant pain relief and helps her function more effectively. Diagnoses, 11/06/14:- Right and left knee arthrosis- Lumbar spine discopathy. The treater is requesting for (a) LEFT L4-L5 TRANSFORAMINAL STEROID INJECTION (b) MONITORED ANESTHESIA CARE (c) EPIDUROGRAPHY. The utilization review determination being challenged is dated 11/19/14. Treatment reports were provided from 01/23/14 - 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left L4-L5 Transforaminal Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain (Chronic), Epidural Steroid Injections (ESIs).

**Decision rationale:** The patient presents with increased pain in the lower back along with decreased range of motion in the lumbar spine and decreased sensation in left L4 dermatome, as per progress report dated 11/06/14. The request is for Left L4-L5 Transforaminal Steroid Injection. In progress report dated 09/02/14, the patient complains of low back pain and bilateral knee pain. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "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." In this case, the reports are handwritten and provide very little information. Although the patient experienced decreased sensation in the L4 dermatome, as per progress report dated 11/06/14, the treater did not discuss any other signs and symptoms of radiculopathy. No imaging studies were available for review. However, the UR letter states that MRI of the lumbar spine, performed on 09/28/09, did not indicate any nerve root compromise. There is no evidence to contend the information presented in the UR letter. MTUS and ODG guidelines require a clear diagnosis of radiculopathy for ESI. Hence, this request is not medically necessary.

### **Monitored Anesthesia Care: 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) chapter Pain (Chronic), Epidural Steroid Injections (ESIs).

**Decision rationale:** The patient presents with increased pain in the lower back along with decreased range of motion in the lumbar spine and decreased sensation in left L4 dermatome, as per progress report dated 11/06/14. The request is for monitored anesthesia care. In progress report dated 09/02/14, the patient complains of low back pain and bilateral knee pain. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "...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."In this case, the reports are handwritten and provide very little information. There are no signs and symptoms of radiculopathy. Corroborating diagnostic evidence is not available as well. Additionally, the treater does not discuss the need for monitored anesthesia care. There is no evidence of pre-anesthetic exam and evaluation, as required by ODG. Nonetheless, since the ESI is not indicated, the monitored anesthetic care is not medically necessary as well.

**Epidurography:** Upheld

**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 ESI's Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain (Chronic), Epidural Steroid Injections (ESIs).

**Decision rationale:** The patient presents with increased pain in the lower back along with decreased range of motion in the lumbar spine and decreased sensation in left L4 dermatome, as per progress report dated 11/06/14. The request is for Epidurography. In progress report dated 09/02/14, the patient complains of low back pain and bilateral knee pain. The MTUS, ACOEM and ODG guidelines do not discuss Epidurography specifically. The procedure, however, done along with an ESI, as per study published in the American Journal of Neuroradiology at <http://www.ajnr.org/content/20/4/697.full>. Regarding ESI, MTUS has the following to say under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "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."In this case, the reports are handwritten and provide very little information. Although the patient experienced decreased sensation in the L4 dermatome, as per progress report dated 11/06/14, the treater did not discuss any other signs and symptoms of radiculopathy. No imaging studies were available for review. However, the UR letter states that MRI of the lumbar spine, performed on 09/28/09, did not indicate any nerve root compromise. There is no evidence to contend the information presented in the UR letter. MTUS and ODG guidelines require a clear diagnosis of radiculopathy for ESI which is not recommended in this case. Consequently, the request for epidurography is not medically necessary as well.