

Case Number:	CM14-0215788		
Date Assigned:	01/05/2015	Date of Injury:	10/10/2012
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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:

This 51 year old male continues to complain of low back and leg pain stemming from a work related injury reported on 10/10/2012. Diagnoses include lumbar sprain/strain and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatments have included consultation; diagnostic imaging; chiropractic and acupuncture treatments; and medication management. On 12/10/2014 Utilization Review non-certified, for medical necessity, a request for transforaminal epidural steroid injection of bilateral lumbar (L) 5 - sacral (S) 1 with fluoroscopy and anesthesia. The reason given was that the MTUS guidelines for chronic pain, low back complaints and epidural steroid injections (ESI) recommend that ESI be used as treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy, and for short-term relief. A non-specific and undated, imaging study was cited to reveal moderate to severe bilateral L5 - S1 neuro foraminal stenosis, with a 11/19/2014 physical examination suggesting an L5 radiculopathy; however clarification regarding documented conservative treatments for the low back were needed to show meeting current guidelines. Also stated was that clarification for the procedure requested was needed as the current billing codes were not substantiated. Chiropractic follow-up Evaluation notes, dated 9/30/2014, note subjective complaints of neck and low back pain, described as aching, shooting and stiffness type. Physical examination noted tenderness along the cervical, thoracic and lumbar spine. The treatment plan included: "EMS applied to the cervical and lumbar spine"; "CMT none force applied to the cervical lumbar spine and bilateral sacroiliac joints with associated myofascial release"; therapeutic exercise in the form of core strengthening and stabilization exercises along with 10

minutes on the stationary bike; and infra-red applied to the cervical and lumbar spine. The 10/14/2014 Chiropractic notes the subjective complaint and reason for the visit, to be for neck and low back pain, described as aching and stiffness type, and with an improved condition since his last evaluation. The assessment noted cervical radiculopathy, cervical degenerative disc disease, and shoulder bursitis. No significant changes were noted to the treatment plan that included continuing with his home exercise program. The 10/20/2014 Supplemental Pain Management Report noted subjective complaints for continued low back pain. This report notes that no CAT scan, discogram, electromyogram, MRI, or Myelogram was done. The impression included chronic low back pain associated with radiculopathy and included noting benefits from chiropractic rehabilitation to his low back with decreased pain. The treatment plan included increasing the pain medication and adding Ibuprofen; continuing Gabapentin at night; acupuncture treatments; a urine drug screen; and encouragement that the IW utilize his approved Chiropractic rehabilitation sessions. The 10/20/2014 Orthopaedic evaluation notes subjective complaints that included occasional mid-back pain, relieved by bending forward, and frequent low back pain that radiates down the left leg. The IW is noted to have completed 3/8 chiropractic treatments for his cervical and lumbar spine and shoulders, which provided increased range-of-motion and decreased pain. Examination findings yielded a diagnosis for lumbosacral sprain/strain, rule out disc herniation. The treatment plan included MRI for the cervical, lumbar and thoracic spine; consultation with a spine surgeon; and continuation of chiropractic and acupuncture treatments. The work status was noted to be temporarily totally disabled. Supplemental pain management reports, dating back to 8/4/2014, note subjective complaints for low back, with request for chiropractic rehabilitation, 2 x a week for 4 weeks, due to decreased pain with increased his range-of-motion; as well as note pain relief from the medication regimen. The Orthopaedic report, dated 7/28/2014, noted that cervical, thoracic and lumbar pain is made better by rest and medication, and that the IW had just recently finished physical therapy for the neck and low back; resulting in decreased pain with increased range-of-motion. The 11/19/2014 Pain management report notes an increase in low back pain with imaging and assessment findings consistent for the impression of bilateral L5 - S1 nerve root impingement area; and after benefiting from Chiropractic rehabilitation a request for diagnostic and therapeutic bilateral L5-S1 transforaminal epidural injection under fluoroscopy and MAC anesthesia was made. Included in the treatment plan was 6 acupuncture treatments and continuation of medication management; as well as noting the IW was authorized for chiropractic rehabilitation sessions. The 12/8/2014 Orthopaedic notes show pain complaints that include the cervical, lumbar and thoracic spine and that the authorization MRI studies were still pending. A diagnosis for lumbar radiculopathy is noted only in the Chiropractic notes, and it appeared that the conservative treatments for the low back included medications, acupuncture and chiropractic rehabilitation sessions; all of which are noted to have been successful in decreasing pain and increasing range-of-motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection L5-S1 bilateral with fluroscopy and anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The patient presents with low back pain and numbness in both legs in the L5 distribution. The physician requested an MRI of the lumbar spine on 10/20/14 and epidural injections on 11/19/14. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The available reports did not contain an MRI report or electrodiagnostic studies of the lower extremity to corroborate with the clinical findings. The MTUS criteria for epidural steroid injections have not been met. The request for: Transforaminal epidural steroid injection L5-S1 bilateral with fluoroscopy and anesthesia is not medically necessary.